

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Man

2. Surname (Last Name)

Zhang

3. Date

14-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Zhi-De Hu and Yuan-Lan Huang

5. Manuscript Title

The diagnostic utility of pleural markers for tuberculosis pleural effusion

6. Manuscript Identifying Number (if you know it)

ATM-19-2639

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Dr. Zhang has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)

Dan

2. Surname (Last Name)

Li

3. Date

14-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Zhi-De Hu and Yuan-Lan Huang

5. Manuscript Title

The diagnostic utility of pleural markers for tuberculosis pleural effusion

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1. Given Name (First Name)

Zhi-De

2. Surname (Last Name)

Hu

3. Date

13-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The diagnostic utility of pleural markers for tuberculosis pleural effusion

6. Manuscript Identifying Number (if you know it)

ATM-19-2639

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1. Given Name (First Name)
Yuan-Lan

2. Surname (Last Name)
Huang

3. Date
14-April-2020

4. Are you the corresponding author? Yes No

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