ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)          2. Surname (Last Name)          3. Date
Wai Peng                            Lee                           14-May-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Tattoo pigment in axillary lymph nodes mimics occult breast malignancy: A case report

6. Manuscript Identifying Number (if you know it)
ABS-20-49

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Lee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Spoorthi Sudhakar
2. Surname (Last Name)  Shetty
3. Date  14-May-2020
4. Are you the corresponding author?  ✔️ No
5. Manuscript Title
  Tattoo pigment in axillary lymph nodes mimics occult breast malignancy: A case report
6. Manuscript Identifying Number (if you know it)
  ABS-20-49

Section 2. The Work Under Consideration for Publication

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Dr. Shetty has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Victor Ng Weng Leong

2. Surname (Last Name)  
   Ng

3. Date  
   14-May-2020

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Wai Peng Lee

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Section 1. Identifying Information

1. Given Name (First Name)  
   Su-Ming

2. Surname (Last Name)  
   Tan

3. Date  
   14-May-2020

4. Are you the corresponding author?  
   Yes ☑ No

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   Wai Peng Lee

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