

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) Michael	2. Surname (Last Name) Co	3. Date 21-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ava Kwong
5. Manuscript Title Recurrent intraductal papilloma mimicking secretory breast cancer in a 10-year old girl – A case report		
6. Manuscript Identifying Number (if you know it) ABS-20-47-R1		

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Dr. Co has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Gavin

2. Surname (Last Name)

Chan

3. Date

21-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ava Kwong

5. Manuscript Title

Recurrent intraductal papilloma mimicking secretory breast cancer in a 10-year old girl – A case report

6. Manuscript Identifying Number (if you know it)

ABS-20-47-R1

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John

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Chan

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