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)  
   haobo

2. Surname (Last Name)  
   huang

4. Are you the corresponding author?  
   Yes ☐ No ✔

3. Date  
   30-March-2020

5. Manuscript Title  
   Clinical Characteristics and Outcomes of Diffuse Large B Cell Lymphoma Treated with R-CHOP-Like or CHOP-Like Regimens: 8 Years’ Experience from A Single Center

6. Manuscript Identifying Number (if you know it)  
   APM-19-589

Corresponding Author’s Name  
   Shen jianzhen

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Dr. huang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
liping  
2. Surname (Last Name)  
fan  
3. Date  
30-March-2020  
4. Are you the corresponding author?  
Yes ☐ No ☑

Corresponding Author's Name  
Shen jianzhen

5. Manuscript Title  
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Dr. fan has nothing to disclose.

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1. Given Name (First Name)  
danhui  
2. Surname (Last Name)  
fu  
3. Date  
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4. Are you the corresponding author?  
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Corresponding Author's Name  
Shen jianzhen  

5. Manuscript Title  
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Dr. fu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) qiuyan
2. Surname (Last Name) lin
3. Date 30-March-2020
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title Clinical Characteristics and Outcomes of Diffuse Large B Cell Lymphoma Treated with R-CHOP-Like or CHOP-Like Regimens: 8 Years’ Experience from A Single Center
6. Manuscript Identifying Number (if you know it) APM-19-589

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Section 1. Identifying Information

1. Given Name (First Name)  jianzhen
2. Surname (Last Name)  shen
3. Date  30-March-2020
4. Are you the corresponding author?  Yes  No

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