ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
   Weiqun

2. Surname (Last Name)  
   Dong

3. Date  
   04-May-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Sui Wu

5. Manuscript Title  
   Genetic polymorphism of HPA1-17 alloantigen system in the Achang and Jingpo populations in Yunnan

6. Manuscript Identifying Number (if you know it)

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Dr. Dong has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Dongmei

2. Surname (Last Name)  
   Wang

3. Date  
   04-May-2020

4. Are you the corresponding author?  
   Yes [ ]  No [x]

   Corresponding Author's Name  
   Sui Wu

5. Manuscript Title  
   Genetic polymorphism of HPA1-17 alloantigen system in the Achang and Jingpo populations in Yunnan

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1. Given Name (First Name)  Sui
2. Surname (Last Name)    Wu
3. Date                    04-May-2020
4. Are you the corresponding author? ✔ Yes  No

5. Manuscript Title
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1. Given Name (First Name)  Yi
2. Surname (Last Name)  Li
3. Date  04-May-2020

4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name  Sui Wu

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