

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Izuchukwu

2. Surname (Last Name)
Ibe

3. Date
28-January-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Excisional Curettage of Benign Cystic Lesions

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Kareme	2. Surname (Last Name) Alder	3. Date 28-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Izuchukwu K. Ibe, MD
5. Manuscript Title Excisional Curettage of Benign Cystic Lesions		
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1. Given Name (First Name) Kristin	2. Surname (Last Name) Yu	3. Date 28-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Izuchukwu K. Ibe, MD
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Francis

2. Surname (Last Name)
Lee

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01-January-2019

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Dr. Lee has nothing to disclose.

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