

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Parker

2. Surname (Last Name)
Bussies

3. Date
09-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Matthew Schlumbrecht

5. Manuscript Title
Endometrial cancer among urban Haitian immigrants

6. Manuscript Identifying Number (if you know it)
48988

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Section 1. Identifying Information

1. Given Name (First Name)
Sophia

2. Surname (Last Name)
George

3. Date
09-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Matthew Schlumbrecht

5. Manuscript Title
Endometrial cancer among urban Haitian immigrants

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name) Marilyn	2. Surname (Last Name) Huang	3. Date 09-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew Schlumbrecht
5. Manuscript Title Endometrial cancer among urban Haitian immigrants		
6. Manuscript Identifying Number (if you know it) 48988		

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1. Given Name (First Name)
Erin

2. Surname (Last Name)
Kobetz

3. Date
09-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Matthew Schlumbrecht

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Matthew

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Schlumbrecht

3. Date
09-May-2019

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