ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Given Name (First Name)  Mojgan
2. Surname (Last Name)  Devouassoux-Shisheboran
3. Date  30-July-2020
4. Are you the corresponding author?  No
Corresponding Author’s Name  Gerlinde Lang-Avérous
5. Manuscript Title
Sentinel lymph node Processing in Gynecological Cancer Histopathology and Molecular Biology
6. Manuscript Identifying Number (if you know it)
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Dr. Devouassoux-Shisheboran has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  sabrina  
2. Surname (Last Name)  croce  
3. Date  30-July-2020  
4. Are you the corresponding author?  ☑ Yes  
   Corresponding Author’s Name  Dr Averous Gerlinde  
5. Manuscript Title  Sentinel lymph node Processing in Gynecological Cancer  
   Histopathology and Molecular Biology  
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