

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Moon il	2. Surname (Last Name) Lee	3. Date 17-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyun Yul Kim
5. Manuscript Title Metastasis to breast from ovarian cancer and primary ovarian cancer concurrently diagnosis		
6. Manuscript Identifying Number (if you know it)		

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Dr. Lee has nothing to disclose.

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1. Given Name (First Name) Youn Joo	2. Surname (Last Name) Jung	3. Date 17-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyun Yul Kim
5. Manuscript Title Metastasis to breast from ovarian cancer and primary ovarian cancer concurrently diagnosis		
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1. Given Name (First Name) Dong Il	2. Surname (Last Name) Kim	3. Date 17-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyun Yul Kim
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Hyun-June	2. Surname (Last Name) Paik	3. Date 17-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyun Yul Kim
5. Manuscript Title Metastasis to breast from ovarian cancer and primary ovarian cancer concurrently diagnosis		
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**Other:** Anything not covered under the previous three boxes

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Chang Shin	2. Surname (Last Name) Jung	3. Date 17-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyun Yul Kim
5. Manuscript Title Metastasis to breast from ovarian cancer and primary ovarian cancer concurrently diagnosis		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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#### 1. Identifying information.

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1. Given Name (First Name) Jee Yeon	2. Surname (Last Name) Kim	3. Date 17-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyun Yul Kim
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Hyun yul

2. Surname (Last Name)

Kim

3. Date

17-November-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Metastasis to breast from ovarian cancer and primary ovarian cancer concurrently diagnosis:

6. Manuscript Identifying Number (if you know it)

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