ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Ellis</td>
<td>Tobin</td>
<td>18-December-2019</td>
</tr>
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</table>

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

Corresponding Author’s Name
Abdul Arain

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
CC-D-19-00553R1

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Dr. Tobin has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   DiCaprio

3. Date  
   18-December-2019

4. Are you the corresponding author?  
   [ ] Yes  [X] No  
   Corresponding Author’s Name  
   Abdul Arain

5. Manuscript Title  
   Is Blastomycosis Endemic in Upstate New York? A Case Report and Review of Literature

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Dr. DiCaprio has nothing to disclose.

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1. Given Name (First Name)  
Abdul

2. Surname (Last Name)  
Arain

3. Date  
08-December-2019

4. Are you the corresponding author?  
☑ Yes  ☐ No

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

1. Given Name (First Name)  Hamza
2. Surname (Last Name)  Murtaza
3. Date  18-December-2019

4. Are you the corresponding author?  
   [ ] Yes  [ ] No
Corresponding Author’s Name  Abdul Arain

5. Manuscript Title
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Dr. Murtaza has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Hua
2. Surname (Last Name)  Li
3. Date  18-December-2019
4. Are you the corresponding author?  Yes [✓] No
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5. Manuscript Title
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Dr. Li has nothing to disclose.

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