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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1 Identifying Inform	ation	· · · · · · · · · · · · · · · · · · ·	NACO LINE SAN ON MALE IN THE SAN ON
1. Given Name (First Name) KATIE	2. Surname (Last Name)	3. Date	AR-2017
4. Are you the corresponding author?	Yes		
5. Manuscript Title IMPACT OF TCZ MONO 6. Manuscript Identifying Number (if you known)	ow it) FROM TOUG	LOS IN PATIENTS DEANDOMISED CONTROLLEY	
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