

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Shaohua	2. Surname (Last Name) Li	3. Date 08-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Guo Rongping
5. Manuscript Title Transarterial infusion chemotherapy with FOLFOX for advanced hepatocellular carcinoma: a multi-center propensity score matched analysis of real-world practice		
6. Manuscript Identifying Number (if you know it) HBSN-19-901		

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2. Surname (Last Name)
Mei

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Corresponding Author's Name
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Qiaoxuan

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Wang

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1. Given Name (First Name)
Ming

2. Surname (Last Name)
Zhao

3. Date
08-May-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Guo Rongping

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

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Guo

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☒ No

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Guo Rongping

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1. Given Name (First Name) Yabing	2. Surname (Last Name) Guo	3. Date 08-May-2020
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