

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Desen

2. Surname (Last Name)
Liu

3. Date
16-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Haitao Ma

5. Manuscript Title
Expression patterns and clinical significances of ENO2 in lung cancer: an analysis based on Oncomine database

6. Manuscript Identifying Number (if you know it)

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Dr. Liu has nothing to disclose.

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1. Given Name (First Name) YiMing	2. Surname (Last Name) Mao	3. Date 16-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Haitao Ma
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1. Given Name (First Name)
Cheng

2. Surname (Last Name)
Chen

3. Date
16-April-2020

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Yes No

Corresponding Author's Name
Haitao Ma

5. Manuscript Title
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3. Date
16-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Expression patterns and clinical significances of ENO2 in lung cancer: an analysis based on Oncomine database

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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Dr. Ma has nothing to disclose.

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