

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Shicong

2. Surname (Last Name)
Yang

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Zhuo Wang and Liantang Wang

5. Manuscript Title

High mobility group box 2 modulates the progression of osteosarcoma and is related with poor prognosis

6. Manuscript Identifying Number (if you know it)

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Dr. Yang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ziyin

2. Surname (Last Name)
Ye

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Zhuo Wang and Liantang Wang

5. Manuscript Title

High mobility group box 2 modulates the progression of osteosarcoma and is related with poor prognosis

6. Manuscript Identifying Number (if you know it)

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Zhuo

2. Surname (Last Name)

Wang

3. Date

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Yes No

5. Manuscript Title

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Liantang

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Wang

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