

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kai Wei

2. Surname (Last Name)

Lee

3. Date

19-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Siew Mooi Ching

5. Manuscript Title

Genetic polymorphisms in neuroendocrine disorder-related candidate genes associated with pre-pregnancy obesity in gestational diabetes mellitus patients by using a stratification approach

6. Manuscript Identifying Number (if you know it)

ATM-20-1579

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Are there any relevant conflicts of interest?

Yes

No

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Dr. Lee has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Siew Mooi

2. Surname (Last Name)

Ching

3. Date

19-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Genetic polymorphisms in neuroendocrine disorder-related candidate genes associated with pre-pregnancy obesity in gestational diabetes mellitus patients by using a stratification approach

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Navin Kumar

2. Surname (Last Name)

Devaraj

3. Date

19-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Siew Mooi Ching

5. Manuscript Title

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Fan Kee

2. Surname (Last Name)

Hoo

3. Date

19-May-2020

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Yes

No

Corresponding Author's Name

Siew Mooi Ching

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