

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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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Shao-ping

2. Surname (Last Name)

YUAN

3. Date

01-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ju WEN

5. Manuscript Title

High expression of disabled homolog 2-interacting protein contributes to tumor development and proliferation in cutaneous squamous cell carcinoma

6. Manuscript Identifying Number (if you know it)

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Dr. YUAN has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chang-xing	2. Surname (Last Name) LI	3. Date 01-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ju WEN
5. Manuscript Title High expression of disabled homolog 2-interacting protein contributes to tumor development and proliferation in cutaneous squamous cell carcinoma		
6. Manuscript Identifying Number (if you know it) 		

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1. Given Name (First Name)
Si

2. Surname (Last Name)
QIN

3. Date
01-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Ju WEN

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

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Dr. QIN has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ju

2. Surname (Last Name)
WEN

3. Date
01-July-2020

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5. Manuscript Title
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ZHANG

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☐ Yes

☒ No

Corresponding Author's Name

Ju WEN

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

XIN

2. Surname (Last Name)

TIAN

3. Date

01-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ju WEN

5. Manuscript Title

High expression of disabled homolog 2-interacting protein contributes to tumor development and proliferation in cutaneous squamous cell carcinoma

6. Manuscript Identifying Number (if you know it)

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Dr. TIAN has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chao-ying

2. Surname (Last Name)
ZHU

3. Date
01-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Ju WEN

5. Manuscript Title
High expression of disabled homolog 2-interacting protein contributes to tumor development and proliferation in cutaneous squamous cell carcinoma

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1. Given Name (First Name) ting	2. Surname (Last Name) LI	3. Date 01-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ju WEN
5. Manuscript Title High expression of disabled homolog 2-interacting protein contributes to tumor development and proliferation in cutaneous squamous cell carcinoma		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jing-ping

2. Surname (Last Name)

HUANG

3. Date

01-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ju WEN

5. Manuscript Title

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Xiao-huan

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ZHENG

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01-July-2020

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☐ Yes☒ No

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Ju WEN

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