

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

xiao

2. Surname (Last Name)

ling

3. Date

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Peng Zhu

5. Manuscript Title

lymphotoxin beta receptor is associated with regulation of microRNAs expression and nuclear factor -kappa B activation in LPS stimulated vascular smooth muscle cells

6. Manuscript Identifying Number (if you know it)

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Dr. ling has nothing to disclose.

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1. Given Name (First Name)

Mei

2. Surname (Last Name)

Wen

3. Date

18-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Peng Zhu

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
Zezhou

2. Surname (Last Name)
Xiao

3. Date
18-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Peng Zhu

5. Manuscript Title
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zhiwen

2. Surname (Last Name)

luo

3. Date

18-March-2020

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Yes No

Corresponding Author's Name

Peng Zhu

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Jiawei

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Zhuang

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Yes No

Corresponding Author's Name

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1. Given Name (First Name) Qianqin	2. Surname (Last Name) Li	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peng Zhu
5. Manuscript Title lymphotoxin beta receptor is associated with regulation of microRNAs expression and nuclear factor -kappa B activation in LPS stimulated vascular smooth muscle cells		
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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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
songlin

2. Surname (Last Name)
du

3. Date
18-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Peng Zhu

5. Manuscript Title
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