

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Min Seok	2. Surname (Last Name) Seo	3. Date 22-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name In Cheol Hwang
5. Manuscript Title Adult height is not associated with the risk of stomach cancer in a meta-analysis		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Dong Kyun	2. Surname (Last Name) Park	3. Date 21-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name In Cheol Hwang
5. Manuscript Title Adult height is not associated with the risk of stomach cancer in a meta-analysis		
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Section 1. Identifying Information

1. Given Name (First Name)

In Cheol

2. Surname (Last Name)

Hwang

3. Date

21-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Adult height is not associated with the risk of stomach cancer in a meta-analysis

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Jae-Yong	2. Surname (Last Name) Shim	3. Date 23-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name In Cheol Hwang
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