

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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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)

Xinxin

2. Surname (Last Name)

Zhang

3. Date

03-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Xiugui Sheng

5. Manuscript Title

Whole-exome Sequencing in Cervical Adenocarcinoma in Mainland Chinese Patients

6. Manuscript Identifying Number (if you know it)

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

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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Section 6.

Disclosure Statement

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Dr. Zhang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Jing

2. Surname (Last Name)

Guo

3. Date

03-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Xiugui Sheng

5. Manuscript Title

Whole-exome Sequencing in Cervical Adenocarcinoma in Mainland Chinese Patients

6. Manuscript Identifying Number (if you know it)

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Dr. Guo has nothing to disclose.

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Yaping

2. Surname (Last Name)
Cai

3. Date
03-September-2020

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☐ Yes

☒ No

Corresponding Author's Name
Xiugui Sheng

5. Manuscript Title

Whole-exome Sequencing in Cervical Adenocarcinoma in Mainland Chinese Patients

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1. Given Name (First Name)
Xiugui

2. Surname (Last Name)
Sheng

3. Date
03-September-2020

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5. Manuscript Title
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