

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Kai	2. Surname (Last Name) Chang	3. Date 15-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhongyong Jiang
5. Manuscript Title Association of cytochrome P450 2C19 *2 and *3 variants with type 2 diabetes mellitus in Chinese population		
6. Manuscript Identifying Number (if you know it) JXYM-19-81		

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Are there any relevant conflicts of interest? Yes No

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Dr. Chang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yanhong	2. Surname (Last Name) Chen	3. Date 15-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhongyong Jiang
5. Manuscript Title Association of cytochrome P450 2C19 *2 and *3 variants with type 2 diabetes mellitus in Chinese population		
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1. Given Name (First Name) Jie	2. Surname (Last Name) Xiong	3. Date 15-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhongyong Jiang
5. Manuscript Title Association of cytochrome P450 2C19 *2 and *3 variants with type 2 diabetes mellitus in Chinese population		
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1. Given Name (First Name) Junlong	2. Surname (Last Name) Ren	3. Date 15-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhongyong Jiang
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Section 1. Identifying Information

1. Given Name (First Name)

Zhongyong

2. Surname (Last Name)

Jiang

3. Date

15-July-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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