

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) hangju	2. Surname (Last Name) zhu	3. Date 16-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name baoli zhu
5. Manuscript Title Functional BCL-2 rs2279115 Promoter Noncoding Variant Associated with Noise-induced Hearing Loss in Chinese Workers: A Case-Control Study		
6. Manuscript Identifying Number (if you know it) JPHE-20-123		

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Are there any relevant conflicts of interest? Yes No

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Dr. zhu has nothing to disclose.

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1. Given Name (First Name) hao	2. Surname (Last Name) chen	3. Date 16-December-2020
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haoyang
2. Surname (Last Name)
yin
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baoli zhu
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baoli

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zhu

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