

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Huan	2. Surname (Last Name) Li	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Changhua Zhang
5. Manuscript Title Research progress of organoids derived from normal tissues		
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.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Shuhao	2. Surname (Last Name) Liu	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Changhua Zhang
5. Manuscript Title Research progress of organoids derived from normal tissues		
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1. Given Name (First Name) Junchang	2. Surname (Last Name) Zhang	3. Date 12-December-2019
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5. Manuscript Title Research progress of organoids derived from normal tissues		
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Section 1. Identifying Information

1. Given Name (First Name)
Changhua

2. Surname (Last Name)
Zhang

3. Date
12-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Research progress of organoids derived from normal tissues

6. Manuscript Identifying Number (if you know it)

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