

ICMJE DISCLOSURE FORM

Date:2022.7.13

Your Name:Xingguang Wang

Manuscript Title: Establishment and Verification of a nomogram for Predicting Survival in Patients with triple-positive breast cancer
 Manuscript number (if known):

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None	
3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____None	
6	Payment for expert testimony	_____None	
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Your Name: Huxia Wang

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Your Name:Lu Jie

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