

ICMJE DISCLOSURE FORM

Date: 2022/8/10

Your Name: Anli Wang

Manuscript Title: Entity relation extraction in the medical domain: based on data augmentation

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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4	Consulting fees	<u> X </u> None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2022/8/10

Your Name: Linyi Li

Manuscript Title: Entity relation extraction in the medical domain: based on data augmentation

Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	Linyi Li is from Hunan Creator Information Technology Co., Ltd.	

Please summarize the above conflict of interest in the following box:

Linyi Li is from Hunan Creator Information Technology Co., Ltd.

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ICMJE DISCLOSURE FORM

Date: 2022/8/10

Your Name: Xuehong Wu

Manuscript Title: Entity relation extraction in the medical domain: based on data augmentation

Manuscript number (if known): _____

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Xuehong Wu is from Hunan Creator Information Technology Co., Ltd.

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ICMJE DISCLOSURE FORM

Date: 2022/8/10

Your Name: Jianping Zhu

Manuscript Title: Entity relation extraction in the medical domain: based on data augmentation

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/8/10

Your Name: Shanshan Yu

Manuscript Title: Entity relation extraction in the medical domain: based on data augmentation

Manuscript number (if known): _____

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Date: 2022/8/10

Your Name: Xi Chen

Manuscript Title: Entity relation extraction in the medical domain: based on data augmentation

Manuscript number (if known): _____

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Your Name: Jianhua Li

Manuscript Title: Entity relation extraction in the medical domain: based on data augmentation

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Date: 2022/8/10

Your Name: Hongtao Zhu

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