

ICMJE DISCLOSURE FORM

Date: 2022/11/07

Your Name: Yue Hu

Manuscript Title: Correlation analysis of gastric mucosal lesions with *Helicobacter pylori* infection and its virulence genotype in Guiyang, Guizhou

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.

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

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Date: 2022/11/07

Your Name: Yan Wang

Manuscript Title: Correlation analysis of gastric mucosal lesions with *Helicobacter pylori* infection and its virulence genotype in Guiyang, Guizhou

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date:2022/11/07

Your Name:Mengheng Mi

Manuscript Title:Correlation analysis of gastric mucosal lesions with *Helicobacter pylori* infection and its virulence genotype in Guiyang, Guizhou

Manuscript number (if known): _____

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Date: 2022/11/07

Your Name: Zhaohui Deng

Manuscript Title: Correlation analysis of gastric mucosal lesions with *Helicobacter pylori* infection and its virulence genotype in Guiyang, Guizhou

Manuscript number (if known): _____

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Date: 2022/11/07

Your Name: Jian Zhu

Manuscript Title: Correlation analysis of gastric mucosal lesions with *Helicobacter pylori* infection and its virulence genotype in Guiyang, Guizhou

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Date: 2022/11/07

Your Name: Qi Liu

Manuscript Title: Correlation analysis of gastric mucosal lesions with *Helicobacter pylori* infection and its virulence genotype in Guiyang, Guizhou

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Date: 2022/11/07

Your Name: Xiaoqin Chen

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Your Name: Zhenghong Chen

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