

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ye	2. Surname (Last Name) Guo	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name yongzheli
5. Manuscript Title Metabolomic alterations associated with Kallmann syndrome		
6. Manuscript Identifying Number (if you know it) ATM-19-4628		

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Are there any relevant conflicts of interest? Yes No

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Dr. Guo has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) xiaogang	2. Surname (Last Name) li	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name yongzheli
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1. Given Name (First Name) Songxin	2. Surname (Last Name) Yan	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yongzhe Li
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1. Given Name (First Name)
Yongzhe

2. Surname (Last Name)
li

3. Date
19-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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