

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

LESHEN

2. Surname (Last Name)

YAO

3. Date

15-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

he effect of regulating the Wnt signaling pathway on the proliferation and differentiation of spermatogonial stem cells

6. Manuscript Identifying Number (if you know it)

ATM-20-5321-MS-8207

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Dr. YAO has nothing to disclose.

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1. Given Name (First Name)

Haiyan

2. Surname (Last Name)

Peng

3. Date

20-July-2020

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Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
zhipeng

2. Surname (Last Name)
Xu

3. Date
20-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
he effect of regulating the Wnt signaling pathway on the proliferation and differentiation of spermatogonial stem cells

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)

liang

2. Surname (Last Name)

Shi

3. Date

20-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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yan

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Yutian

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20-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
he effect of regulating the Wnt signaling pathway on the proliferation and differentiation of spermatogonial stem cells

6. Manuscript Identifying Number (if you know it)
ATM-20-5321-MS-8207

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Dai has nothing to disclose.

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