

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name) Ke	2. Surname (Last Name) Ma	3. Date 22-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hao Wang; Shuai Wang.
5. Manuscript Title Comparative expression analysis of PD-1, PD-L1, and CD8A in lung adenocarcinoma		
6. Manuscript Identifying Number (if you know it) ATM-20-6486		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Ma has nothing to disclose.

Evaluation and Feedback

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Section 1.

Identifying Information

1. Given Name (First Name)

Yulei

2. Surname (Last Name)

Qiao

3. Date

22-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Hao Wang; Shuai Wang.

5. Manuscript Title

Comparative expression analysis of PD-1, PD-L1, and CD8A in lung adenocarcinoma

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Dr. Qiao has nothing to disclose.

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Hao

2. Surname (Last Name)

Wang

3. Date

22-October-2020

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☒ Yes ☐ No

5. Manuscript Title

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