

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1.	dentifying Informa	ation				
1. Given Name (First Name) Yuyan		2. Surname (Last Name) Pan		3. Date 14-January-2021		
4. Are you the corresponding author?		✓ Yes	No			
5. Manuscript Title Identification of drug compounds for keloids and hypertrophic scars: Drug discovery based on text mining and DeepPurpose						
6. Manuscript Identifying Number (if you know it) ATM-21-218						
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Are there any relevant conflicts of interest? Yes \checkmark No						
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Section 4. In	tellectual Propert	y Patents	& Copyrights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No						



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Dr. Pan has nothing to disclose.

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Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Zhiwei		2. Surname (Last Name) Chen	3. Date 14-January-2021			
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jiaqi Liu; Fazhi Qi			
	5. Manuscript Title Identification of drug compounds for keloids and hypertrophic scars: Drug discovery based on text mining and DeepPurpose					
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Section 1.					
	Identifying Information				
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Qi



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