

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) liping	2. Surname (Last Name) Jiang	3. Date 05-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Youguo Chen
5. Manuscript Title STK17B promotes the progression of ovarian cancer		
6. Manuscript Identifying Number (if you know it) ATM-21-601		

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Dr. Jiang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jinhua	2. Surname (Last Name) Zhou	3. Date 05-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Youguo Chen
5. Manuscript Title STK17B promotes the progression of ovarian cancer		
6. Manuscript Identifying Number (if you know it) ATM-21-601		

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1. Given Name (First Name) Shaojie	2. Surname (Last Name) Zhao	3. Date 05-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Youguo Chen
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Youguo

2. Surname (Last Name)

Chen

3. Date

05-February-2021

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Yes No

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