

ICMJE DISCLOSURE FORM

Date: June 21th, 2021
 Your Name: Jing Han
 Manuscript Title: Reporting quality of practice guidelines on colorectal cancer: evaluation using the RIGHT reporting checklist
 Manuscript number (if known): ATM-21-2798-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: June 21th, 2021
 Your Name: Meng Tao
 Manuscript Title: Reporting quality of practice guidelines on colorectal cancer: evaluation using the RIGHT reporting checklist
 Manuscript number (if known): ATM-21-2798-R1

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Date: June 21th, 2021
 Your Name: Xuan Wu
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Date: June 21th, 2021

Your Name: Yanfang Ma

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Date: May 28th, 2021

Your Name: Shaheenah Dawood

Manuscript Title: Reporting quality of practice guidelines on colorectal cancer: evaluation using the RIGHT reporting checklist

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Your Name: Colin W Steele

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