Date:2021-7-18
Your Name: Lili Shao
Manuscript Title:_ Downregulation of LINC00115 inhibits the proliferation and invasion of lung cancer cells in vivo and i
<u>vitro_</u>
Manuscript number (if known):

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_ XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>X</b> None	
3	Royalties or licenses	<b>X</b> None	
4	Consulting fees	X _None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	<b>X</b> None			
7	Support for attending meetings and/or travel	<b>X</b> None			
8	Patents planned, issued or	<b>X</b> None			
	pending				
9	Participation on a Data	<b>X</b> None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_ <b>X</b> None			
ļ	in other board, society,				
ļ	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	<b>X</b> None			
12	Receipt of equipment,	<b>X</b> None			
	materials, drugs, medical				
ļ	writing, gifts or other services				
13	Other financial or non-	<b>X</b> None			
13	financial interests	_ ANone			
Pl€	Please summarize the above conflict of interest in the following box:				

X _ I certify that I have answer form.	red every question and have not alto	ered the wording of any of the questions on t	his

Date:2021-7-18
Your Name: Qiongzhu Yu
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lectures, presentations, speakers bureaus, manuscript writing or educational events		
Payment for expert testimony	<b>X</b> None	
Support for attending meetings and/or travel	<b>X</b> None	
Patents planned, issued or pending	XNone	
Participation on a Data Safety Monitoring Board or Advisory Board	<b>X</b> None	
Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
Stock or stock options	XNone	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	<b>X</b> None	
Other financial or non- financial interests	XNone	
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Your Name: Xiaomin Lu
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Your Name: Zhixiang Zhuang
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Your Name: Xiaodong Zhang
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