

ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Xiao-Yang Wang

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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

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ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Wen-Jun Wang

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Yu-Qian Zhao

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Yin Liu

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

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Your Name: Xiao-Hui Wang

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

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Your Name: Ling-Bin Du

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

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Date: 2022/3/8

Your Name: Shuang-Xia Duan

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

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Date: 2022/3/8

Your Name: Xi Zhang

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Yun-Yong Liu

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

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.

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ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Juan-Xiu Huang

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Ji Cao

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Li Li

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Xiao-Fen Gu

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Yan-Ping Fan

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Chang-Yan Feng

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Xue-Mei Lian

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/3/8

Your Name: Jing-Chang Du

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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Date: 2022/3/8

Your Name: Jian-Gong Zhang

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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Date: 2022/3/8

Your Name: You-Lin Qiao

Manuscript Title: The choice of medical facility and associated factors among Chinese advanced colorectal cancer patients: a cross-sectional multi-center study

Manuscript number (if known): _____

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