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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		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	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time innit for this item.		
		Time frame, pact	26 months
2		Time frame: past	36 Months
2	Grants or contracts from	_XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
3	Noyaities of ficerises	_ ^NONE	
4	Consulting fees	_ XNone	
	-		

5	Payment or honoraria for	XI	None		
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
c	educational events Payment for expert	V 1	Nana		
6	testimony	Xr	None		
	testimony				
7	Support for attending	X I	None		
,	meetings and/or travel	_^_	Tone		
	G ,				
8	Patents planned, issued or	X I	None		
	pending	<u>- ^`</u> '	10.70		
9	Participation on a Data	XI	None		
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XI	None		
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	X I	None		
11	Stock of Stock options	<u>-^-'</u>	vone		
12	Receipt of equipment,	X I	None		
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X_I	None		
	financial interests				
Dlo	ase summarize the above of	onflict of	finterest in the fo	llowing hove	
- 10	Please summarize the above conflict of interest in the following box:				
	None.				
L					

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

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

Date:_	Mar.16 ^{tl}	¹ .2022		
Your N	lame:	Yingming Tian		
Manus	script Title:	An N ⁶ -methyladenosine-associated IncRNA signature for predicting clinical outcome and		
therapeutic responses in hepatocellular carcinoma				
Manuscript number (if known):				

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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	_XNone			
	pending				
9	Participation on a Data	XNone			
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_	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	X None			
11	Stock of Stock options	XNone			
12	Receipt of equipment,	X None			
12	materials, drugs, medical	XNone			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
_					
	None.				
Ple	Please place an "X" next to the following statement to indicate your agreement:				

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form.

Date:Mar.13 th .2022
Your Name:Jun Luo
Manuscript Title: An N ⁶ -methyladenosine-associated lncRNA signature for predicting clinical outcome and
therapeutic responses in hepatocellular carcinoma
Manuscript number (if known):

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	speakers bureaus,			
	manuscript writing or			
	educational events			
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	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
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	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
13	financial interests	XNOTIE		
	manetal interests			
Dla	ase summarize the above c	anflict of interest in the	allowing hove	
PIE	ase summarize the above c	omnict of interest in the i	ollowing box.	
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DIa	ase place an "Y" next to the	following statement to	indicata vour agraament	

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

form.

Date:Mar.15 th .2022				
Your Name:Guoliang Shao				
Manuscript Title: An N ⁶ -methyladenosine-associated IncRNA signature for predicting clinical outcome and				
therapeutic responses in hepatocellular carcinoma				
Manuscript number (if known):				

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	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
,	Support for attending meetings and/or travel	_XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_XNone			
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	committee or advocacy				
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11	Stock or stock options	_XNone			
12	Receipt of equipment,	X None			
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	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
Г	News				
	None.				

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

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Date:Mar.15 th .2022					
Your Name: Jiaping Zheng					
Manuscript Title: An N ⁶ -methyladenosine-associated IncRNA signature for predicting clinical outcome and					
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Manuscript number (if known):					

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	manuscript writing or			
	educational events			
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	testimony			
7	Support for attending	_XNone		
	meetings and/or travel			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
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