

ICMJE DISCLOSURE FORM

Date: _____ December 15, 2023 _____

Your Name: _____ Tianzi Xu _____

Manuscript Title: Identification of a Lactate Metabolism-Related lncRNAs Signature for Predicting the Prognosis in Patients with Kidney Renal Clear Cell Carcinoma _____

Manuscript number (if known): _____

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The author's relationships/activities/interests should be defined broadly. 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.

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

None

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Date: _____ December 15, 2023 _____

Your Name: _____ Yixin Liu _____

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Date: _____ December 15, 2023 _____

Your Name: _____ Biao Ning _____

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Date: _____ January 20, 2024 _____

Your Name: _____ Min Luo _____

Manuscript Title: Identification of a Lactate Metabolism-Related lncRNAs Signature for Predicting the Prognosis in Patients with Kidney Renal Clear Cell Carcinoma _____

Manuscript number (if known): _____

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Date: _____ December 15, 2023 _____

Your Name: _____ Yongchang Wei _____

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