

ICMJE DISCLOSURE FORM

Date: 6/23/2021
 Your Name: Zhuorong Zhang
 Manuscript Title: Association of LINC00673 rs11655237 polymorphism with pediatric glioma susceptibility in a Chinese population
 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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I have no conflicts of interest to declare.

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

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ICMJE DISCLOSURE FORM

Date: 6/23/2021
 Your Name: Yihuan Huang
 Manuscript Title: Association of LINC00673 rs11655237 polymorphism with pediatric glioma susceptibility in a Chinese population
 Manuscript number (if known): _____

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Date: 6/23/2021
 Your Name: Ping Wu
 Manuscript Title: Association of LINC00673 rs11655237 polymorphism with pediatric glioma susceptibility in a Chinese population
 Manuscript number (if known): _____

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Date: 6/23/2021
 Your Name: Zhijian Deng
 Manuscript Title: Association of LINC00673 rs11655237 polymorphism with pediatric glioma susceptibility in a Chinese population
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Date: 6/23/2021
 Your Name: Gaoyan Deng
 Manuscript Title: Association of LINC00673 rs11655237 polymorphism with pediatric glioma susceptibility in a Chinese population
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/23/2021

Your Name: Guoyuan Li

Manuscript Title: Association of LINC00673 rs11655237 polymorphism with pediatric glioma susceptibility in a Chinese population

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