

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lingyun	2. Surname (Last Name) Sun	3. Date 03-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin He
5. Manuscript Title Effects of Auricular Acupuncture on Appetite in Patients with Advanced Cancer: A Pilot Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) APM-20-262		

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Dr. Sun has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jun

2. Surname (Last Name)

Mao

3. Date

03-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Bin He

5. Manuscript Title

Effects of Auricular Acupuncture on Appetite in Patients with Advanced Cancer: A Pilot Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

APM-20-262

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Dr. Mao has nothing to disclose.

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1. Given Name (First Name) Qun	2. Surname (Last Name) Liu	3. Date 03-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin He
5. Manuscript Title Effects of Auricular Acupuncture on Appetite in Patients with Advanced Cancer: A Pilot Randomized Controlled Trial		
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1. Given Name (First Name)
Yufei

2. Surname (Last Name)
Yang

3. Date
03-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bin He

5. Manuscript Title

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Bin

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He

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03-April-2020

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