

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Shuo	2. Surname (Last Name) Wang	3. Date 08-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Wang Jiang-Ning
5. Manuscript Title Research on the Mechanism of Local Oxygen Therapy Promoting Wound Healing of Diabetic Foot Based on RNA-seq Technology		
6. Manuscript Identifying Number (if you know it) APM-20-295		

Section 2. The Work Under Consideration for Publication

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Dr. Wang 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)
Li-Feng

2. Surname (Last Name)
Pan

3. Date
08-July-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Wang Jiang-Ning

5. Manuscript Title
Research on the Mechanism of Local Oxygen Therapy Promoting Wound Healing of Diabetic Foot Based on RNA-seq Technology

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)
Lei

2. Surname (Last Name)
Gao

3. Date
08-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Wang Jiang-Ning

5. Manuscript Title
Research on the Mechanism of Local Oxygen Therapy Promoting Wound Healing of Diabetic Foot Based on RNA-seq Technology

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Xin Yuan

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Qin

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08-July-2020

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Corresponding Author's Name

Wang Jiang-Ning

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Jiang Ning

2. Surname (Last Name)
Wang

3. Date
08-July-2020

4. Are you the corresponding author? ☒ Yes ☐ No

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