

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Yuhan	2. Surname (Last Name) Song	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Haiwen Zhou
5. Manuscript Title Expression profile of circular RNAs in oral lichen planus.		
6. Manuscript Identifying Number (if you know it) APM-20-2253		

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Dr. Song has nothing to disclose.

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1. Given Name (First Name) Siming	2. Surname (Last Name) Xu	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Haiwen Zhou
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Dr. Xu has nothing to disclose.

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1. Given Name (First Name) Yanxiong	2. Surname (Last Name) Shao	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Haiwen Zhou
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Section 1. Identifying Information

1. Given Name (First Name)

Haiwen

2. Surname (Last Name)

Zhou

3. Date

30-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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