

## ICMJE DISCLOSURE FORM

Date: 2021.5.14  
 Your Name: Yaqing Liu  
 Manuscript Title: Development and assessment of a mental health preliminary screening questionnaire for Cancer patients  
 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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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 Manuscript Title: Development and assessment of a mental health preliminary screening questionnaire for Cancer patients  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2021.5.14

Your Name: Xi Ke

Manuscript Title: Development and assessment of a mental health preliminary screening questionnaire for Cancer patients

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2021.5.14  
 Your Name: Hongyu Zhu  
 Manuscript Title: Development and assessment of a mental health preliminary screening questionnaire for Cancer patients  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2021.5.14

Your Name: Yamei Deng

Manuscript Title: Development and assessment of a mental health preliminary screening questionnaire for Cancer patients

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2021.5.14  
 Your Name: Zhaoyang Huang  
 Manuscript Title: Development and assessment of a mental health preliminary screening questionnaire for Cancer patients  
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