

# ICMJE DISCLOSURE FORM

Date: Nov. 17<sup>th</sup>, 2021  
 Your Name: Meijuan Chen  
 Manuscript Title: Identification of differentially expressed genes associated with coronary in-stent restenosis by integrated bioinformatics approaches  
 Manuscript number (if known): APM-21-2681

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None.
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**Please place an "X" next to the following statement to indicate your agreement:**

☒ X 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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Date: Nov. 17<sup>th</sup>, 2021  
 Your Name: Yaoshan Dun  
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# ICMJE DISCLOSURE FORM

Date: Dec. 17<sup>th</sup>, 2021

Your Name: Wenliang Zhang

Manuscript Title: Identification of differentially expressed genes associated with coronary in-stent restenosis by integrated bioinformatics approaches

Manuscript number (if known): APM-21-2681

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Date: Nov. 17<sup>th</sup>, 2021  
 Your Name: Suixin Liu  
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