

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Xiaoyan	2. Surname (Last Name) Wang	3. Date 13-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yunzeng Zou
5. Manuscript Title Circular RNA in cardiovascular disease		
6. Manuscript Identifying Number (if you know it)		

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Zhiwen

2. Surname (Last Name)

Ding

3. Date

13-August-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yunzeng Zou

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Yunzeng

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13-August-2017

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