

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jian-Fang	2. Surname (Last Name) Lou	3. Date 17-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jie-Xin Zhang
5. Manuscript Title Discrepant impacts of age and gender factors on serum pepsinogens and gastrin-17 levels		
6. Manuscript Identifying Number (if you know it) JLPM-16-19		

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Dr. Lou has nothing to disclose.

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1. Given Name (First Name)

Xian

2. Surname (Last Name)

Chen

3. Date

17-April-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jie-Xin Zhang

5. Manuscript Title

Discrepant impacts of age and gender factors on serum pepsinogens and gastrin-17 levels

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Jie-Xin

2. Surname (Last Name)

Zhang

3. Date

17-April-2017

4. Are you the corresponding author?

Yes No

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