

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Inform	mation		
1. Given Name (First Name) Wenli	2. Surname (Last Name) Song	3. Date 01-December-2020	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ping Lan, Jiancong Hu and Xiaowen He	
5. Manuscript Title Risk factors for metachronous adenom	na in patients with stage I/II	colorectal cancer after radical surgery	
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Dr. Song has nothing to disclose.

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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Section 1. Identifying Inform			
Identifying Inform	nation		
1. Given Name (First Name) Ping	2. Surname (Last Name) Lan	3. Date 01-December-2020	
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript Title Risk factors for metachronous adenoma	a in patients with stage I/II colorectal cancer after rad	ical surgery	
6. Manuscript Identifying Number (if you kr JGO-20-494	now it)		
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Dr. Lan has nothing to disclose.

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