

ICMJE DISCLOSURE FORM

Date: 2021.05.27

Your Name: Zichuan Liu

Manuscript Title: Helicobacter pylori-induced protein tyrosine phosphatase receptor type C as a prognostic biomarker for gastric cancer

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.

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		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)
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Time frame: past 36 months			
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
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Date: 2021.05.27

Your Name: Jianchang Li

Manuscript Title: Helicobacter pylori-induced protein tyrosine phosphatase receptor type C as a prognostic biomarker for gastric cancer

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ICMJE DISCLOSURE FORM

Date: 2021.05.27

Your Name: Xiaoshan Hu

Manuscript Title: Helicobacter pylori-induced protein tyrosine phosphatase receptor type C as a prognostic biomarker for gastric cancer

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Date: 2021.05.27

Your Name: Houwei Xu

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