ICMJE DISCLOSURE FORM

Date:_____2021.06.03_____

Your Name:_____Lipeng Luan_____

Manuscript Title:___The predictive value of RNA binding proteins in colon adenocarcinoma_____

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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ICMJE DISCLOSURE FORM

Date:_____2021.06.03_____

Your Name:_____Feng Lu_____

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Date:_____2021.06.03_____

Your Name:_____Xiaochuan Wang_____

Manuscript Title:___The predictive value of RNA binding proteins in colon adenocarcinoma_____

Manuscript number (if known):_____

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Your Name:_____Wei Wang _____

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Your Name:_____Yong Yang_____

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Your Name:_____Xinyu Shi_____

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Date:_____2021.06.03_____

Your Name:_____Guoqiang Zhou_____

Manuscript Title:___The predictive value of RNA binding proteins in colon adenocarcinoma_____

Manuscript number (if known):_____

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