

ICMJE DISCLOSURE FORM

Date: 2021/10/9

Your Name: Wei Chen

Manuscript Title: Screening of a novel autophagy-related prognostic signature and therapeutic targets in hepatocellular carcinoma

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: 2021/10/9

Your Name: Ming Juan Hu

Manuscript Title: Screening of a novel autophagy-related prognostic signature and therapeutic targets in hepatocellular carcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/10/9

Your Name: Xiao Lan Zhong

Manuscript Title: Screening of a novel autophagy-related prognostic signature and therapeutic targets in hepatocellular carcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/10/9

Your Name: Lin Hua Ji

Manuscript Title: Screening of a novel autophagy-related prognostic signature and therapeutic targets in hepatocellular carcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/10/9
 Your Name: Jian Wang
 Manuscript Title: Screening of a novel autophagy-related prognostic signature and therapeutic targets in hepatocellular carcinoma
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/10/9
 Your Name: Cheng Fang Zhangg
 Manuscript Title: Screening of a novel autophagy-related prognostic signature and therapeutic targets in hepatocellular carcinoma
 Manuscript number (if known): _____

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 Your Name: Rui Zhang
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Date: 2021/10/9

Your Name: Haoming Lin

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