

## ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Xinyi Feng

Manuscript Title: The predictive value of routine laboratory tests for colorectal polyps: a retrospective study

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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**Please summarize the above conflict of interest in the following box:**

None.

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Xiuping Jiao

Manuscript Title: The predictive value of routine laboratory tests for colorectal polyps: a retrospective study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Yemin Xu

Manuscript Title: The predictive value of routine laboratory tests for colorectal polyps: a retrospective study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Xi Xu

Manuscript Title: The predictive value of routine laboratory tests for colorectal polyps: a retrospective study

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## ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Yan Zhu

Manuscript Title: The predictive value of routine laboratory tests for colorectal polyps: a retrospective study

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## ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Qiang She

Manuscript Title: The predictive value of routine laboratory tests for colorectal polyps: a retrospective study

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## ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Yaoyao Li

Manuscript Title: The predictive value of routine laboratory tests for colorectal polyps: a retrospective study

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## ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Guiqing Li

Manuscript Title: The predictive value of routine laboratory tests for colorectal polyps: a retrospective study

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## ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Jian Wu

Manuscript Title: The predictive value of routine laboratory tests for colorectal polyps: a retrospective study

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## ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Weiming Xiao

Manuscript Title: The predictive value of routine laboratory tests for colorectal polyps: a retrospective study

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Your Name: Yanbing Ding

Manuscript Title: The predictive value of routine laboratory tests for colorectal polyps: a retrospective study

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

None.

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Bin Deng

Manuscript Title: The predictive value of routine laboratory tests for colorectal polyps: a retrospective study

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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