Date: 2023.Feb.21	
Your Name: Lifang Li 字丽芳 Lifang Li	_
Manuscript Title: Identification of key modules and miRNAs associated with colorectal cancer via a WGCNA	and
ceRNA network analysis_	
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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	√_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	V_None	
3	Royalties or licenses	√None	
4	Consulting fees	√None	

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5	Payment or honoraria for lectures, presentations,	_√_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	√ None	
	pending		
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9	Participation on a Data	_√_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_√_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_√_None	
12	Receipt of equipment,	_√_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√ None	
13	financial interests	_ Y_INUTIE	
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There is none conflict of interest.	

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

Date: 2023.Feb.21
Your Name: Jingxiong Ruan 於文文性 Jing Xing Ruan
Manuscript Title: Identification of key modules and miRNAs associated with colorectal cancer via a WGCNA and
ceRNA network analysis_
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	17/47/19/5/2	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_√_None	
3	Royalties or licenses	None	
4	Consulting fees	√None	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√_None	
	testimony		
7	Support for attending meetings and/or travel	√None	
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8	Patents planned, issued or	_√_None	
	pending		
9	Participation on a Data	_√_None	
	Safety Monitoring Board or		
	Advisory Board		× .
10	Leadership or fiduciary role	_√_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of agricument	None	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
10	financial interests	1 110110	
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There is none conflict of in	terest.	

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

Date: 2023.Feb.21
Your Name: Yanfen Ma 多聚物 You for Ma
Manuscript Title: Identification of key modules and miRNAs associated with colorectal cancer via a WGCNA and
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Manuscript number (if known):
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3	Royalties or licenses	√None	
4	Consulting fees	None	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√_None	
	testimony		
7	Support for attending	_√_None	
	meetings and/or travel		
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8	Patents planned, issued or	√ None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	Na Leiter de La Carte	
	Advisory Board		
10	Leadership or fiduciary role	_√_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical	_v_None	
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
	financial interests		

	There is none conflict of interest.
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You Mar <u>ceRl</u>	NA network analysis_		RNAs associated with colorectal cancer via a WGCNA and
Mar	nuscript number (if known):		
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	following questions apply t	to the author's relationsh	ps/activities/interests as they relate to the current
to t	the epidemiology of hyperted dication, even if that medication.	ension, you should declare ation is not mentioned in oport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items,
		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)
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_√_None	

Time frame: past 36 months

√\_None

√ None

√None

Grants or contracts from any entity (if not indicated

in item #1 above).

Consulting fees

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Royalties or licenses

		·	
5	Payment or honoraria for	_√_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√_None	
	testimony		
7	Support for attending meetings and/or travel	√None	
8	Patents planned, issued or	_√_None	
	pending		
9	Participation on a Data	_√_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_√_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	- Al-	
11	Stock or stock options	_√_None	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical	<u> </u>	
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
	financial interests		
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Please place an "X" next to the following statement to indicate your agreement:

Date: 2023.Feb.21
Your Name: Hao Qin 表语 Haa Qin
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3	Royalties or licenses	√None	
4	Consulting fees	_√_None	

5	Payment or honoraria for	_√_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	d Name	
0	testimony	None	
	testimony		
7	Support for attending	√ None	
	meetings and/or travel	<u> </u>	
8	Patents planned, issued or	_√_None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board  Leadership or fiduciary role	√ None	`
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	_√_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√ None	
13	financial interests		
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Date:	2023.	Feb.21											
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ceRNA	netwo	ork ana	lysis_										
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4	Consulting fees	√None	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_√_None	
	testimony		
7	Support for attending meetings and/or travel	√None	
	meetings and/or traver		
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8	Patents planned, issued or	_√_None	
	pending		
9	Participation on a Data	_√_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_√_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
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12	Receipt of equipment,	✓None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_√_None	
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_√_None	
3	Royalties or licenses	None	
4	Consulting fees	None	

S Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial interests	<del></del>			
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Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options	9		_√_None	
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committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  None	10		_√_None	
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There is none conflict of interest.

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