

ICMJE DISCLOSURE FORM

Date:14/7

Your Name: Shu Xiong Nong

Manuscript Title: Differential expression and significance of peripheral blood genes in coronary artery heart disease

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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3	Royalties or licenses	_____None	None
4	Consulting fees	_____None	None

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7	Support for attending meetings and/or travel	___ None	None
8	Patents planned, issued or pending	___ None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	None
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13	Other financial or non-financial interests	___ None	None

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Your Name: Dong Liang

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Your Name: Xiao Ma

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Your Name: Cheng Luo

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Your Name: Long Chang Li

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Your Name: Yu Shan Chen

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