

## ICMJE DISCLOSURE FORM

Date: 2023-3-21

Your Name: Yaojun Ni

Manuscript Title: Extracellular RNA profiles in non-small cell lung cancer plasma

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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		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)
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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>	<u>None</u>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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

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

I have no conflicts of interest to declare.

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

X  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: 2023-3-21

Your Name: Wenhao Zhang

Manuscript Title: Extracellular RNA profiles in non-small cell lung cancer plasma

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

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2023-3-21 \_\_\_\_\_

Your Name: \_\_\_\_\_ Guang Mu \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Extracellular RNA profiles in non-small cell lung cancer plasma \_\_\_\_\_

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

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2023-3-21 \_\_\_\_\_

Your Name: \_\_\_\_\_ Yan Gu \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Extracellular RNA profiles in non-small cell lung cancer plasma \_\_\_\_\_

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

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2023-3-21 \_\_\_\_\_

Your Name: \_\_\_\_\_ Hongchang Wang \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Extracellular RNA profiles in non-small cell lung cancer plasma \_\_\_\_\_

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

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2023-3-21 \_\_\_\_\_

Your Name: \_\_\_\_\_ Ke Wei \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Extracellular RNA profiles in non-small cell lung cancer plasma \_\_\_\_\_

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

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2023-3-21 \_\_\_\_\_

Your Name: \_\_\_\_\_ Yang Xia \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Extracellular RNA profiles in non-small cell lung cancer plasma \_\_\_\_\_

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

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2023-3-21 \_\_\_\_\_

Your Name: \_\_\_\_\_ Xueying Xie \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Extracellular RNA profiles in non-small cell lung cancer plasma \_\_\_\_\_

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

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2023-3-21 \_\_\_\_\_

Your Name: \_\_\_\_\_ Qinyu Ge \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Extracellular RNA profiles in non-small cell lung cancer plasma \_\_\_\_\_

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

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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>	the National Key Research and Development Program of China (No. 2022YFF0710800).	payments were made partly to me
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3	Royalties or licenses	_____ None	

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The author reports that the study was supported by the National Key Research and Development Program of China (No. 2022YFF0710800)

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2023-3-21 \_\_\_\_\_

Your Name: \_\_\_\_\_ Tan Tan \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Extracellular RNA profiles in non-small cell lung cancer plasma \_\_\_\_\_

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

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## ICMJE DISCLOSURE FORM

Date: 2023-3-21

Your Name: Jun Wang

Manuscript Title: Extracellular RNA profiles in non-small cell lung cancer plasma

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

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		the Key Medical Research Project of Jiangsu Provincial Health Commission (No. K2019002)	payments were made to me
		the Clinical Capacity Improvement Project of Jiangsu Province People's Hospital (No. JSPH-MA-2021-8)	payments were made to me
<b>Time frame: past 36 months</b>			
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8	Patents planned, issued or pending		
		___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		
		___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
		___ None	
11	Stock or stock options		
		___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
		___ None	
13	Other financial or non-financial interests		

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

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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.