

ICMJE DISCLOSURE FORM

Date: 2023.6.16

Hongliang Hui

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

Manuscript Title: Construction of subtype classifiers and a prognostic risk model based on hypoxia-associated lncRNAs for lung adenocarcinoma

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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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |  |
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| 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: 2023.6.16

Your Name: Dan Li

Manuscript Title: Construction of subtype classifiers and a prognostic risk model based on hypoxia-associated lncRNAs for lung adenocarcinoma

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

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ICMJE DISCLOSURE FORM

Date: 2023.6.16

Your Name: Yanqiu Lin

Manuscript Title: Construction of subtype classifiers and a prognostic risk model based on hypoxia-associated lncRNAs for lung adenocarcinoma

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

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ICMJE DISCLOSURE FORM

Date: 2023.6.16

Your Name: Hawran Miao

Manuscript Title: Construction of subtype classifiers and a prognostic risk model based on hypoxia-associated lncRNAs for lung adenocarcinoma

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

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ICMJE DISCLOSURE FORM

Date: 2023.6.16

Your Name: Yiqiao Zhang

Manuscript Title: Construction of subtype classifiers and a prognostic risk model based on hypoxia-associated lncRNAs for lung adenocarcinoma

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

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Date: 2023.6.16

Your Name: Huaning Li

Manuscript Title: Construction of subtype classifiers and a prognostic risk model based on hypoxia-associated lncRNAs for lung adenocarcinoma

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ICMJE DISCLOSURE FORM

Date: 2023.6.16

Your Name: Fan Qiu

Manuscript Title: Construction of subtype classifiers and a prognostic risk model based on hypoxia-associated lncRNAs for lung adenocarcinoma

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

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Date: 2023.6.16

Your Name: Bo Jiang

Manuscript Title: Construction of subtype classifiers and a prognostic risk model based on hypoxia-associated lncRNAs for lung adenocarcinoma

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

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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
|   |  |  |   |

|    |  |  |  |
|----|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 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.