

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xiaorong	2. Surname (Last Name) Pan	3. Date 29-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chunying Liu, Yong Xia
5. Manuscript Title Progress in studies on autoantibodies against tumor-associated antigens in hepatocellular carcinoma		
6. Manuscript Identifying Number (if you know it)		

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Dr. Pan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yuzhen	2. Surname (Last Name) Gao	3. Date 29-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chunying Liu, Yong Xia
5. Manuscript Title Progress in studies on autoantibodies against tumor-associated antigens in hepatocellular carcinoma		
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Dr. Gao has nothing to disclose.

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1. Given Name (First Name) Jianwei	2. Surname (Last Name) Liu	3. Date 29-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chunying Liu, Yong Xia
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Section 1. Identifying Information

1. Given Name (First Name)
Chunying

2. Surname (Last Name)
Liu

3. Date
29-October-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Yong

2. Surname (Last Name)
Xia

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