

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Liming	2. Surname (Last Name) Duan	3. Date 12-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Zhang
5. Manuscript Title MiRNA-516b inhibits ameloblastoma cell proliferation and invasion by regulating MYCBP/c-myc/RECK/MMP pathway		
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Di

2. Surname (Last Name)
Wan

3. Date
12-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bin Zhang

5. Manuscript Title

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1. Given Name (First Name)

Bin

2. Surname (Last Name)

Zhang

3. Date

12-July-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

MiRNA-516b inhibits ameloblastoma cell proliferation and invasion by regulating MYCBP/c-myc/RECK/MMP pathway

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Wu has nothing to disclose.

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