

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Weiyong	2. Surname (Last Name) Liu	3. Date 17-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yaqing Chen
5. Manuscript Title Acute hypoxia induces apoptosis in serum-deprived prostate cancer LNCaP cells		
6. Manuscript Identifying Number (if you know it)		

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Dr. Liu has nothing to disclose.

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1. Given Name (First Name) Yunkai	2. Surname (Last Name) Zhu	3. Date 17-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yaqing Chen
5. Manuscript Title Acute hypoxia induces apoptosis in serum-deprived prostate cancer LNCaP cells		
6. Manuscript Identifying Number (if you know it)		

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Dr. Zhu has nothing to disclose.

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1. Given Name (First Name) Jun	2. Surname (Last Name) Jiang	3. Date 17-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yaqing Chen
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Yaqing

2. Surname (Last Name)
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