

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) Shihong	2. Surname (Last Name) Ying	3. Date 03-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhiyi Peng
5. Manuscript Title Neutrophil to lymphocyte ratio but not ring enhancement could predict treatment response and new lesion occurrence in patients with hepatocellular carcinoma by drug eluting beads transarterial chemoembolization		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Ying has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Xianyong

2. Surname (Last Name)
Zhou

3. Date
03-December-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name
Zhiyi Peng

5. Manuscript Title

Neutrophil to lymphocyte ratio but not ring enhancement could predict treatment response and new lesion occurrence in patients with hepatocellular carcinoma by drug eluting beads transarterial chemoembolization

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Dr. Zhou has nothing to disclose.

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Shaolin

2. Surname (Last Name)
Gong

3. Date
03-December-2017

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Yes No

Corresponding Author's Name
Zhiyi Peng

5. Manuscript Title

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