

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) Huaqin	2. Surname (Last Name) Zuo	3. Date 23-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peipei Xu, Hongmin Gao
5. Manuscript Title Prognostic significance of neutrophil-lymphocyte ratio in multiple myeloma patients		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Zuo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lili	2. Surname (Last Name) Zhai	3. Date 23-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peipei Xu, Hongmin Gao
5. Manuscript Title Prognostic significance of neutrophil-lymphocyte ratio in multiple myeloma patients		
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Dr. Zhai has nothing to disclose.

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1. Given Name (First Name) Xu	2. Surname (Last Name) Liu	3. Date 23-December-2017
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5. Manuscript Title Prognostic significance of neutrophil-lymphocyte ratio in multiple myeloma patients		
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Section 1. Identifying Information

1. Given Name (First Name)
Hongmin

2. Surname (Last Name)
Gao

3. Date
23-December-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
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2. Surname (Last Name)
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