

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)

Shuwei

2. Surname (Last Name)

Wang

3. Date

10-March-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The association of interleukin-6 gene polymorphism and risk of colorectal cancer in Chinese patients

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Wang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Zhongyang

2. Surname (Last Name)

Ding

3. Date

10-March-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The association of interleukin-6 gene polymorphism and risk of colorectal cancer in Chinese patients

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Jiandong	2. Surname (Last Name) Tang	3. Date 10-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuwei Wang; Zhongyang Ding
5. Manuscript Title The association of interleukin-6 gene polymorphism and risk of colorectal cancer in Chinese patients		
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