

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Xiaoyun	2. Surname (Last Name) He	3. Date 20-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chunlin Ou, Suxian Zhou
5. Manuscript Title Circular RNA HIPK3: an emerging player in diabetes		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Chibin	2. Surname (Last Name) Pu	3. Date 20-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chunlin Ou, Suxian Zhou
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Dr. Pu has nothing to disclose.

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1. Given Name (First Name) Yongsheng	2. Surname (Last Name) Quan	3. Date 20-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chunlin Ou, Suxian Zhou
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Suxian

2. Surname (Last Name)
Zhou

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20-May-2018

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