

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Youjin	2. Surname (Last Name) Wang	3. Date 29-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wengui Liu
5. Manuscript Title Transcatheter arterial chemoembolization combined with elemene for the treatment of hepatic carcinoma		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xianglei	2. Surname (Last Name) Shen	3. Date 29-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wengui Liu
5. Manuscript Title Transcatheter arterial chemoembolization combined with elemene for the treatment of hepatic carcinoma		
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Dr. Shen has nothing to disclose.

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1. Given Name (First Name) Shaoyi	2. Surname (Last Name) Huang	3. Date 29-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wengui Liu
5. Manuscript Title Transcatheter arterial chemoembolization combined with elemene for the treatment of hepatic carcinoma		
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Section 1. Identifying Information

1. Given Name (First Name)

Jiaxun

2. Surname (Last Name)

Zhou

3. Date

29-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Wengui Liu

5. Manuscript Title

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Wengui

2. Surname (Last Name)
Liu

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29-July-2018

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