

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dandan	2. Surname (Last Name) Hu	3. Date 10-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yilei Mao
5. Manuscript Title Gut flora shift caused by time-restricted feeding might protect the host from metabolic syndrome, inflammatory bowel disease and colorectal cancer		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Hu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Yilei

2. Surname (Last Name)
Mao

3. Date
10-October-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title

Gut flora shift caused by time-restricted feeding might protect the host from metabolic syndrome, inflammatory bowel disease and colorectal cancer

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Mao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Gang	2. Surname (Last Name) Xu	3. Date 10-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yilei Mao
5. Manuscript Title Gut flora shift caused by time-restricted feeding might protect the host from metabolic syndrome, inflammatory bowel disease and colorectal cancer		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Xu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Wenjun	2. Surname (Last Name) Liao	3. Date 10-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yilei Mao
5. Manuscript Title Gut flora shift caused by time-restricted feeding might protect the host from metabolic syndrome, inflammatory bowel disease and colorectal cancer		
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Dr. Liao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Huayu	2. Surname (Last Name) Yang	3. Date 10-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yilei Mao
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Dr. Yang has nothing to disclose.

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2. Surname (Last Name)
Zhang

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10-October-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yilei Mao

5. Manuscript Title

Gut flora shift caused by time-restricted feeding might protect the host from metabolic syndrome, inflammatory bowel disease and colorectal cancer

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Zhang has nothing to disclose.

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