

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xiaohan	2. Surname (Last Name) Zhou	3. Date 03-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cheng Yi
5. Manuscript Title The role of celecoxib for colorectal cancer treatment: a systematic review		
6. Manuscript Identifying Number (if you know it)		

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Dr. Zhou has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cheng Yi
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1. Given Name (First Name)

Yaqin

2. Surname (Last Name)

Zhao

3. Date

03-November-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cheng Yi

5. Manuscript Title

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Cheng

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Yi

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