

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) Chunzi	2. Surname (Last Name) Gao	3. Date 23-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiangying Xu
5. Manuscript Title Effect of receptor for hyaluronan-mediated motility inhibition on radiosensitivity of lung adenocarcinoma A549 cells		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Shilong	2. Surname (Last Name) Liu	3. Date 23-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiangying Xu
5. Manuscript Title Effect of receptor for hyaluronan-mediated motility inhibition on radiosensitivity of lung adenocarcinoma A549 cells		
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Dr. Liu has nothing to disclose.

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1. Given Name (First Name) Yanli	2. Surname (Last Name) Wang	3. Date 23-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiangying Xu
5. Manuscript Title Effect of receptor for hyaluronan-mediated motility inhibition on radiosensitivity of lung adenocarcinoma A549 cells		
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Section 1. Identifying Information

1. Given Name (First Name)

Geqi

2. Surname (Last Name)

Cha

3. Date

23-January-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xiangying Xu

5. Manuscript Title

Effect of receptor for hyaluronan-mediated motility inhibition on radiosensitivity of lung adenocarcinoma A549 cells

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Xiangying

2. Surname (Last Name)
Xu

3. Date
23-January-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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