

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)

Yuhua

2. Surname (Last Name)

Huang

3. Date

21-April-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jianquan Hou; Xiaofei Qi

5. Manuscript Title

Prostate health index is useful for prostate cancer detecting in Chinese people

6. Manuscript Identifying Number (if you know it)

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Dr. Huang 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) Xiaolei	2. Surname (Last Name) Gu	3. Date 21-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianquan Hou; Xiaofei Qi
5. Manuscript Title Prostate health index is useful for prostate cancer detecting in Chinese people		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Gu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Yu

2. Surname (Last Name)
Wang

3. Date
21-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jianquan Hou; Xiaofei Qi

5. Manuscript Title
Prostate health index is useful for prostate cancer detecting in Chinese people

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Jianquan

2. Surname (Last Name)

Hou

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21-April-2019

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Xiaofei

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