

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Fang	2. Surname (Last Name) Wan	3. Date 10-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yiding Chen
5. Manuscript Title Overexpression and mutation of ZNF384 is associated with favorable prognosis in breast cancer patients		
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Yike

2. Surname (Last Name)
Wang

3. Date
10-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yiding Chen

5. Manuscript Title
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4. Are you the corresponding author? Yes No

5. Manuscript Title
Overexpression and mutation of ZNF384 is associated with favorable prognosis in breast cancer patients

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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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Chen has nothing to disclose.

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