

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Liangmei	2. Surname (Last Name) He	3. Date 04-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhiping Liu
5. Manuscript Title The expression profile of RNA sensors in colorectal cancer and its correlation with cancer stages		
6. Manuscript Identifying Number (if you know it)		

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Dr. He has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Fei

2. Surname (Last Name)
Wang

3. Date
04-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Zhiping Liu

5. Manuscript Title

The expression profile of RNA sensors in colorectal cancer and its correlation with cancer stages

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1. Given Name (First Name) Hongbo	2. Surname (Last Name) Tian	3. Date 04-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhiping Liu
5. Manuscript Title The expression profile of RNA sensors in colorectal cancer and its correlation with cancer stages		
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Section 1. Identifying Information

1. Given Name (First Name)
Yuan

2. Surname (Last Name)
Xie

3. Date
04-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Zhiping Liu

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6. Manuscript Identifying Number (if you know it)

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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.)?

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