

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Chaorui

2. Surname (Last Name)
Wu

3. Date
03-August-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Dongbing Zhao

5. Manuscript Title
Impact of the time from the completion of neoadjuvant chemotherapy to surgery on the outcomes of patients with gastric cancer

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Section 1. Identifying Information

1. Given Name (First Name) Hong	2. Surname (Last Name) Zhou	3. Date 03-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dongbing Zhao
5. Manuscript Title Impact of the time from the completion of neoadjuvant chemotherapy to surgery on the outcomes of patients with gastric cancer		
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1. Given Name (First Name)
Tongbo

2. Surname (Last Name)
Wang

3. Date
03-August-2019

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Yes No

Corresponding Author's Name
Dongbing Zhao

5. Manuscript Title
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Xiaojie

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Zhang

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03-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Impact of the time from the completion of neoadjuvant chemotherapy to surgery on the outcomes of patients with gastric cancer

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.)?

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Dr. Zhao has nothing to disclose.

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