

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) Cen	2. Surname (Last Name) Wu	3. Date 05-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoyu Zhao, Dahu Zhang
5. Manuscript Title Noninvasive circulating tumor cell and urine cellular XPC (rs2228001, A2815C) and XRCC1 (rs25487, G1196A) polymorphism detection as an effective screening panel for genitourinary system cancers		
6. Manuscript Identifying Number (if you know it) TCR-19-1049		

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Dr. Wu has nothing to disclose.

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Cheng

2. Surname (Last Name)
Xu

3. Date
05-October-2020

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Corresponding Author's Name
Xiaoyu Zhao, Dahu Zhang

5. Manuscript Title
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Dr. Xu has nothing to disclose.

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1. Given Name (First Name)

Guaxiu

2. Surname (Last Name)

Wang

3. Date

05-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Xiaoyu Zhao, Dahu Zhang

5. Manuscript Title

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Xiaoyu

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Zhao

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05-October-2020

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