

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) Si-Huai	2. Surname (Last Name) Huang	3. Date 05-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xue-Feng Su
5. Manuscript Title Widowed status predicts poor overall survival of Chinese patients with prostate cancer		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Yi-Ning	2. Surname (Last Name) Li	3. Date 05-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xue-Feng Su
5. Manuscript Title Widowed status predicts poor overall survival of Chinese patients with prostate cancer		
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Are there any relevant conflicts of interest? Yes No

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xue-Feng Su
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Xue-Feng

2. Surname (Last Name)

Su

3. Date

05-November-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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