

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) Xiaoping	2. Surname (Last Name) Jiang	3. Date 12-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jing Guo
5. Manuscript Title Prognostic significance of artemin in gastric cancer and its role in tumorigenesis		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Jiang has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Kai	2. Surname (Last Name) Chen	3. Date 12-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jing Guo
5. Manuscript Title Prognostic significance of artemin in gastric cancer and its role in tumorigenesis		
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1. Given Name (First Name) Kaixi	2. Surname (Last Name) Fan	3. Date 12-October-2019
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1. Given Name (First Name)

Jing

2. Surname (Last Name)

Guo

3. Date

12-October-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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