

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Xi

2. Surname (Last Name)
Yu

3. Date
05-October-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Caide Lu

5. Manuscript Title
Copy number variations of MMP-9 are prognostic biomarkers for hepatocellular carcinoma

6. Manuscript Identifying Number (if you know it)

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Dr. Xu has nothing to disclose. Dr. Yu has nothing to disclose.

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1. Given Name (First Name) Jing	2. Surname (Last Name) Huang	3. Date 05-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Caide Lu
5. Manuscript Title Copy number variations of MMP-9 are prognostic biomarkers for hepatocellular carcinoma		
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1. Given Name (First Name) Shengdong 2. Surname (Last Name) Wu 3. Date 05-October-2019
4. Are you the corresponding author? Yes No Corresponding Author's Name
Caide Lu
5. Manuscript Title
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4. Are you the corresponding author? Yes No

5. Manuscript Title
Copy number variations of MMP-9 are prognostic biomarkers for hepatocellular carcinoma

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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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Xu has nothing to disclose. Dr. Lu has nothing to disclose.

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