

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) Lei	2. Surname (Last Name) Zheng	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Da-Lu Kong
5. Manuscript Title Ectopic expression of CNN2 of colon cancer promotes cell migration		
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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Dr. Huang has nothing to disclose. Dr. Zheng has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Peng	2. Surname (Last Name) Zhao	3. Date 24-November-2019
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5. Manuscript Title Ectopic expression of CNN2 of colon cancer promotes cell migration		
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1. Given Name (First Name)

Kai

2. Surname (Last Name)

Liu

3. Date

24-November-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Da-Lu Kong

5. Manuscript Title

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