

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Section 1. Identifying Information

1. Given Name (First Name) Huan-Qing	2. Surname (Last Name) Zhang	3. Date 27-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhi-Ming Hu
5. Manuscript Title Low expression of citron kinase is associated with poor patient outcomes in hepatocellular carcinoma		
6. Manuscript Identifying Number (if you know it) TCR-19-2208		

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zhejiang Province Bureau of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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1. Given Name (First Name) Xiang-Lei

2. Surname (Last Name) He

3. Date 27-April-2020

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Corresponding Author's Name Zhi-Ming Hu

5. Manuscript Title
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1. Given Name (First Name) Guo-Qing	2. Surname (Last Name) Ru	3. Date 27-April-2020
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Shu-Shu

2. Surname (Last Name)
Song

3. Date
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Corresponding Author's Name
Zhi-Ming Hu

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hong-Ying	2. Surname (Last Name) Pan	3. Date 27-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhi-Ming Hu
5. Manuscript Title Low expression of citron kinase is associated with poor patient outcomes in hepatocellular carcinoma		
6. Manuscript Identifying Number (if you know it) TCR-19-2208		

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zhejiang Province Bureau of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Cheng-Wu

2. Surname (Last Name)
Zhang

3. Date
27-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Zhi-Ming Hu

5. Manuscript Title
Low expression of citron kinase is associated with poor patient outcomes in hepatocellular carcinoma

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Xiao-Zhou	2. Surname (Last Name) Mou	3. Date 27-April-2020
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Zhi-Ming

2. Surname (Last Name)
Hu

3. Date
27-April-2020

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5. Manuscript Title
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