

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Li-Yue

2. Surname (Last Name)

Sun

3. Date

18-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Fang Wang

5. Manuscript Title

The effect of delta AFP on detection for liver cancer recurrence

6. Manuscript Identifying Number (if you know it)

TCR-20-1874

### Section 2.

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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.)?

Are there any relevant conflicts of interest?

☐ Yes

☒ No

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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☐ Yes

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Dr. Sun has nothing to disclose.

### Evaluation and Feedback

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1. Given Name (First Name) Yuan	2. Surname (Last Name) He	3. Date 18-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Fang Wang
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6. Manuscript Identifying Number (if you know it) TCR-20-1874		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Fang

2. Surname (Last Name)

Wang

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18-July-2020

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☒ Yes ☐ No

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