

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)
Nicolas

2. Surname (Last Name)
Goossens

3. Date
31-May-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Yujin Hoshida

5. Manuscript Title
Cancer biomarker discovery and validation

6. Manuscript Identifying Number (if you know it)

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Dr. Goossens has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shigeki	2. Surname (Last Name) Nakagawa	3. Date 31-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yujin Hoshida
5. Manuscript Title Cancer biomarker discovery and validation		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Nakagawa has nothing to disclose.

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Xiaochen

2. Surname (Last Name)

Sun

3. Date

31-May-2015

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Yes

No

Corresponding Author's Name

Yujin Hoshida

5. Manuscript Title

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Yujin

2. Surname (Last Name)
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