

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) zhang	2. Surname (Last Name) zhijun	3. Date 08-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weihua Guo
5. Manuscript Title Identification of Potential Biomarkers and Available Drugs for Oral Squamous Cell Carcinoma		
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Dr. zhijun has nothing to disclose.

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1. Given Name (First Name) Bi	2. Surname (Last Name) Fei	3. Date 08-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weihua Guo
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Dr. Fei has nothing to disclose.

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1. Given Name (First Name)

Tian

2. Surname (Last Name)

Weidong

3. Date

08-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Weihua Guo

5. Manuscript Title

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