

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wenyu	2. Surname (Last Name) Chen	3. Date 31-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Wu
5. Manuscript Title Circulating tumor DNA detection and its application status in gastric cancer		
6. Manuscript Identifying Number (if you know it) TCR-20-2856-CL		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Chen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Haijiao 2. Surname (Last Name) Yan 3. Date 31-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jun Wu

5. Manuscript Title
Circulating tumor DNA detection and its application status in gastric cancer

6. Manuscript Identifying Number (if you know it)
TCR-20-2856-CL

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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
Key Program of the Changzhou Commission of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Dr. Yan reports grants from Key Program of the Changzhou Commission of Health, during the conduct of the study; .

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1. Given Name (First Name) Xiaodong 2. Surname (Last Name) Li 3. Date 31-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jun Wu

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Young Talents of the Changzhou Commission of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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1. Given Name (First Name) Kele	2. Surname (Last Name) Ge	3. Date 31-October-2020
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Jun

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Wu

3. Date

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