

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) Rongjia	2. Surname (Last Name) Su	3. Date 09-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiangdong Xiang
5. Manuscript Title Identification of Hub Genes in Key Hallmarks of Ovarian Cancer Via Bioinformatical Analysis		
6. Manuscript Identifying Number (if you know it) TCR-20-2604		

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. Su has nothing to disclose.

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1. Given Name (First Name) Chengjuan	2. Surname (Last Name) Jin	3. Date 09-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiangdong Xiang
5. Manuscript Title Identification of Hub Genes in Key Hallmarks of Ovarian Cancer Via Bioinformatical Analysis		
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Dr. Jin has nothing to disclose.

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1. Given Name (First Name) Chengwen	2. Surname (Last Name) Jin	3. Date 10-November-2020
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1. Given Name (First Name)

Jiangdong

2. Surname (Last Name)

Xiang

3. Date

09-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Identification of Hub Genes in Key Hallmarks of Ovarian Cancer Via Bioinformatical Analysis

6. Manuscript Identifying Number (if you know it)

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