

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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#### Definitions.

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**Other:** Anything not covered under the previous three boxes

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

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### Section 1. Identifying Information

1. Given Name (First Name)  
Rong

2. Surname (Last Name)  
Fan

3. Date  
20-December-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Weiguo Cao

5. Manuscript Title  
Diagnosis and follow-up value of EUS in Primary primary gastric non-Hodgkin's lymphoma

6. Manuscript Identifying Number (if you know it)  
TCR-20-2459

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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

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
Shanghai Municipal Health Commission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shanghai Municipal Health Commission funds(No 201640112)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Fan reports other from Shanghai Health and Family Planning Committee (No 201640112), during the conduct of the study; .

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Tianyu

2. Surname (Last Name)  
Zhang

3. Date  
20-December-2020

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Corresponding Author's Name  
Weiguo Cao

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Shanghai committee of Science and Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shanghai Sailing Program (20YF1428200)

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### Section 1. Identifying Information

1. Given Name (First Name) Xiangyi	2. Surname (Last Name) He	3. Date 20-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weiguo Cao
5. Manuscript Title Diagnosis and follow-up value of EUS in Primary primary gastric non-Hodgkin's lymphoma		
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Dr. He has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Wei	2. Surname (Last Name) Wu	3. Date 20-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weiguo Cao
5. Manuscript Title Diagnosis and follow-up value of EUS in Primary primary gastric non-Hodgkin's lymphoma		
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Dr. Wu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Haiyang	2. Surname (Last Name) Lu	3. Date 20-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weiguo Cao
5. Manuscript Title Diagnosis and follow-up value of EUS in Primary primary gastric non-Hodgkin's lymphoma		
6. Manuscript Identifying Number (if you know it) TCR-20-2459		

### Section 2. The Work Under Consideration for Publication

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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Shu

2. Surname (Last Name)

Cheng

3. Date

20-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Weiguo Cao

5. Manuscript Title

Diagnosis and follow-up value of EUS in Primary primary gastric non-Hodgkin's lymphoma

6. Manuscript Identifying Number (if you know it)

TCR-20-2459

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### Section 1. Identifying Information

1. Given Name (First Name) Huijuan	2. Surname (Last Name) Zhong	3. Date 20-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weiguo Cao
5. Manuscript Title Diagnosis and follow-up value of EUS in Primary primary gastric non-Hodgkin's lymphoma		
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### Section 1. Identifying Information

1. Given Name (First Name)  
Weiguo

2. Surname (Last Name)  
Cao

3. Date  
20-December-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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