



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Feng	2. Surname (Last Name) Sun	3. Date 14-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhijian Liu and Xiaofeng Lu
5. Manuscript Title Identification of hub genes in gastric cancer by integrated bioinformatics analysis		
6. Manuscript Identifying Number (if you know it) TCR-20-3540		

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.)?

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Dr. Sun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Chen	2. Surname (Last Name) Zhang	3. Date 14-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhijian Liu and Xiaofeng Lu
5. Manuscript Title Identification of hub genes in gastric cancer by integrated bioinformatics analysis		
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1. Given Name (First Name)
Shichao

2. Surname (Last Name)
Ai

3. Date
14-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Zhijian Liu and Xiaofeng Lu

5. Manuscript Title

Identification of hub genes in gastric cancer by integrated bioinformatics analysis

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Zhijian

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14-January-2021

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