

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) Juncheng	2. Surname (Last Name) Bai	3. Date 04-August-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Baila Bulin
5. Manuscript Title Screening key prognostic factors and constructing survival prognostic risk prediction model based on ceRNA network in early lung adenocarcinoma		
6. Manuscript Identifying Number (if you know it) TCR-20-3273		

Section 2. The Work Under Consideration for Publication

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Dr. Bai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Xiaochun

2. Surname (Last Name)

Zhu

3. Date

04-August-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Baila Bulin

5. Manuscript Title

Screening key prognostic factors and constructing survival prognostic risk prediction model based on ceRNA network in early lung adenocarcinoma

6. Manuscript Identifying Number (if you know it)

TCR-20-3273

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Dr. Zhu has nothing to disclose.

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Jintao

2. Surname (Last Name)

Zhang

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04-August-2021

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 Yes No

Corresponding Author's Name

Baila Bulin

5. Manuscript Title

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