

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) Hyun Min	2. Surname (Last Name) Koh	3. Date 09-February-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chang Lim Hyun and DongChul Kim
5. Manuscript Title The association between ephrin receptor-A1 expression and survival in patients with cancer: a meta-analysis		
6. Manuscript Identifying Number (if you know it) TCR-21-1367		

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Dr. Koh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Chang Lim

2. Surname (Last Name)

Hyun

3. Date

09-February-2022

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The association between ephrin receptor-A1 expression and survival in patients with cancer: a meta-analysis

6. Manuscript Identifying Number (if you know it)

TCR-21-1367

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Dr. Hyun has nothing to disclose.

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1. Given Name (First Name)

Dong Chul

2. Surname (Last Name)

Kim

3. Date

09-February-2022

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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1. Given Name (First Name) Bo Gun	2. Surname (Last Name) Jang	3. Date 09-February-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chang Lim Hyun and DongChul Kim
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