Date: <u>Jan. 21th, 2021</u>	
Your Name: Qiao Lu	
Manuscript Title: <u>Downregulation of HNRNPM inhibits cell proliferation and migration of hepatocellular ca</u>	<u>cinoma</u>
hrough MAPK/AKT signaling pathway	
Manuscript number (if known): TCR-21-2484-CL	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	., .,	
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
		CI C	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:	Jan. 21 th , 2021	
Your N	Name: Xie Ning	
Manus	script Title: Downregulation of HNRNPM inhibits cell proliferation and migration of hepatocellular care	<u>cinoma</u>
throug	gh MAPK/AKT signaling pathway	
Manus	script number (if known): TCR-21-2484-CL	

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	financial interests		
		CI C	

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Date:	Jan. 21 ^{tl}	^h , 2021	
our Nam	ne:	Li Yan	
Manuscri _l	pt Title:	Downregulation of HNRNPM inhibits cell proliferation and migration of hepatocellular of	carcinoma
hrough N	//APK/A	KT signaling pathway	
Manuscri _l	pt numb	per (if known): <u>TCR-21-2484-CL</u>	

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Please place an "X" next to the following statement to indicate your agreement:

Date:	Jan. 21 th , 2021	
Your N	Name: Bai Yuru	
Manus	script Title: Downregulation of HNRNPM inhibits cell proliferation and migration of hepatocellular ca	<u>rcinoma</u>
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Manusc	ript Title:	Downregulation of HNRNPM inhibits cell proliferation and migration of hepatocellular carcinom	าล
hrough	MAPK/A	KT signaling pathway	
Manusc	ript numb	per (if known): <u>TCR-21-2484-CL</u>	

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Date:	Jan. 21 th , 2021	
Your I	Name: Wang Jinhai	
Manu	script Title: Downregulation of HNRNPM inhibits cell proliferation and migration of hepatocellular c	<u>arcinoma</u>
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