

ICMJE DISCLOSURE FORM

Date: May 6th, 2022

Your Name: Shuting Huang

Manuscript Title: Screening and expression verification of key genes in cutaneous squamous cell carcinoma

Manuscript number (if known): _____

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 initial 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.	___ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
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	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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None.

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

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Date: _____ May 6th, 2022 _____

Your Name: _____ Si Qin _____

Manuscript Title: _____ Screening and expression verification of key genes in cutaneous squamous cell carcinoma _____

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Date: May 6th, 2022

Your Name: Ju Wen

Manuscript Title: Screening and expression verification of key genes in cutaneous squamous cell carcinoma

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ICMJE DISCLOSURE FORM

Date: May 6th, 2022

Your Name: Yangfan Zhou

Manuscript Title: Screening and expression verification of key genes in cutaneous squamous cell carcinoma

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ICMJE DISCLOSURE FORM

Date: _____ May 6th, 2022 _____

Your Name: _____ Zhenyu Lu _____

Manuscript Title: _____ Screening and expression verification of key genes in cutaneous squamous cell carcinoma _____

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