

ICMJE DISCLOSURE FORM

Date: July 4th, 2022

Your Name: Yufeng Li

Manuscript Title: Bioinformatics analysis and identification of genes and pathways involved in patients with Wilms tumor

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.

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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.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>✓</u> None	
3	Royalties or licenses	<u>✓</u> None	
4	Consulting fees	<u>✓</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Yufeng Li has nothing to disclose.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 4th, 2022

Your Name: Haizhou Tang

Manuscript Title: Bioinformatics analysis and identification of genes and pathways involved in patients with Wilms tumor

Manuscript number (if known): _____

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Haizhou Tang has nothing to disclose.

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

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 4th, 2022

Your Name: Zhenwen Huang

Manuscript Title: Bioinformatics analysis and identification of genes and pathways involved in patients with Wilms tumor

Manuscript number (if known): _____

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Please summarize the above conflict of interest in the following box:

Zhenwen Huang has nothing to disclose.

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

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 4th, 2022

Your Name: Huaxing Qin

Manuscript Title: Bioinformatics analysis and identification of genes and pathways involved in patients with Wilms tumor

Manuscript number (if known): _____

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Huaxing Qin has nothing to disclose.

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

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 4th, 2022

Your Name: Qin Cen

Manuscript Title: Bioinformatics analysis and identification of genes and pathways involved in patients with Wilms tumor

Manuscript number (if known): _____

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Qin Cen has nothing to disclose.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 4th, 2022

Your Name: Fei Meng

Manuscript Title: Bioinformatics analysis and identification of genes and pathways involved in patients with Wilms tumor

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: July 4th, 2022

Your Name: Liang Huang

Manuscript Title: Bioinformatics analysis and identification of genes and pathways involved in patients with Wilms tumor

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ICMJE DISCLOSURE FORM

Date: July 4th, 2022

Your Name: Lifang Lin

Manuscript Title: Bioinformatics analysis and identification of genes and pathways involved in patients with Wilms tumor

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ICMJE DISCLOSURE FORM

Date: July 4th, 2022

Your Name: Jian Pu

Manuscript Title: Bioinformatics analysis and identification of genes and pathways involved in patients with Wilms tumor

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: July 4th, 2022
 Your Name: Di Yang
 Manuscript Title: Bioinformatics analysis and identification of genes and pathways involved in patients with Wilms tumor
 Manuscript number (if known): _____

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