Date:	2022.12.02	
Your Name:	Wanting Song	
Manuscript Title: _	_ Identification and val	idation of an EMT-related IncRNA pairs prognostic model for gastric cancer
Manuscript number	er (if known): TCR-22-2	751

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.

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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 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	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Compant for attanding	Name	
<b>'</b>	Support for attending meetings and/or travel	None	
	meetings und/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	None	
	manda meereses		
	ease summarize the above o	onflict of interest in the fo	llowing box:

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

Date:	2022.12.02	
Your Name:_	Jialin Zhu _	
Manuscript T	itle:_ Identification an	d validation of an EMT-related IncRNA pairs prognostic model for gastric cancer
Manuscript n	umber (if known): TC	R-22-2751

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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
40	Advisory Board	N.	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None.		

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

Date:	2022.12.02	
Your Name:	Chenyan Li	
Manuscript Title:_	_ Identification and	validation of an EMT-related IncRNA pairs prognostic model for gastric cancer
Manuscript number	er (if known): TCR-2	2-2751

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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
	,		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of annium ant	Mana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
DIA		audiat of interest in the fo	Havring hav
PIE	ease summarize the above co	omict of interest in the 10	nowing bux.
	None.		

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

Date:	2022.12.02_	
Your Name:	Shiqiao Peng_	
Manuscript Title:	_ Identification and	validation of an EMT-related IncRNA pairs prognostic model for gastric cancer
Manuscript numb	er (if known): TCR-	22-2751

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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
40	Advisory Board	N.	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None.		

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

Date:	2022.12.02	<del>-</del>
Your Name:	Mingjun Sun	
<b>Manuscript Title</b>	e:_ Identification and	validation of an EMT-related lncRNA pairs prognostic model for gastric cancer
Manuscript num	nber (if known): TCR-	22-2751

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4	Consulting fees	None	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	None		
	testimony			
	,			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
_				
9	Participation on a Data Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
40	D	<b>A</b> 1		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Dle	Please summarize the above conflict of interest in the following box:			
	ase sammanze the above to		nowing box.	
	None.			

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

Date:	2022.12.02		
Your Name:	Yiling Li		
Manuscript Title:	_ Identification and validation of an EMT-related IncRNA pairs prognostic model for gastric cancer _		
Manuscript number (if known): TCR-22-2751			

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

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
	ease summarize the above o	onflict of interest in the fo	ellowing box:

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

Date:	_2022.12.02
Your Name:	Xuren Sun
Manuscript Tit	le: Identification and validation of an EMT-related IncRNA pairs prognostic model for gastric cance
Manuscript nu	mber (if known): TCR-22-2751

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
40	Advisory Board	N.	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
40	services		
13	Other financial or non- financial interests	None	
	financiai interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing hox:
	None.		

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