

ICMJE DISCLOSURE FORM

Date: Apr 6th, 2023

Your Name: Kai Chen

Manuscript Title: Identification of prognostic immune-related lncRNA signature pre-dicting the overall survival for uveal melanoma

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.	Luzhou Science and Technology Plan Project(2020-SYF-29)	payments were made to us and to our institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

The author report that this study was supported by the Luzhou Science and Technology Plan Project (No. 2020-SYF-29).

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: Apr 6th, 2023

Your Name: Yu Shi

Manuscript Title: SMIM20 : A New Biological Signal Associated With The Prognosis Of Glioblastoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Apr 6th,2023
 YourName: Wenzhang Luo
 Manuscript Title:SMIM20 : A New Biological Signal Associated With The Prognosis Of Glioblastoma
 Manuscript number (if known): _____

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Date: Apr 6th,2023
 YourName: Tianyu Zhang
 Manuscript Title:SMIM20 : A New Biological Signal Associated With The Prognosis Of Glioblastoma
 Manuscript number (if known): _____

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Date: Apr 6th,2023
 YourName: Kunyang Bao
 Manuscript Title:SMIM20 : A New Biological Signal Associated With The Prognosis Of Glioblastoma
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Date: Apr 6th,2023
 YourName: Changren Huang
 Manuscript Title:SMIM20 : A New Biological Signal Associated With The Prognosis Of Glioblastoma
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