

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1.	Identifying Infor	mation	
 Given Name (Fi Yu Are you the cor 	rst Name) responding author?	2. Surname (Last Name) Zhang ✔ Yes No	3. Date 16-June-2016
	e in epithelial ovarian c		

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest?	'	Yes
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	٩٩
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Dr. Zhang has nothing to disclose.

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 Given Name (First Name) Lan Are you the corresponding author? 	2. Surname (Last Name) Cao ☐ Yes ✔ No	3. Date 16-June-2016 Corresponding Author's Name Yu Zhang, Hua Lu
5. Manuscript Title TP53 mutations in epithelial ovarian c	ancer	

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Are there any relevant conflicts of interest?		Yes	
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 Given Name (First Name) Daniel Are you the corresponding author? 	2. Surname (Last Name) Nguyen ────Yes ✓ No	3. Date 16-June-2016 Corresponding Author's Name Yu Zhang, Hua Lu
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