

ICMJE DISCLOSURE FORM

Date: 2023/5/30

Your Name: Li Yang

Manuscript Title: Construction and validation of a novel ferroptosis-related prognostic signature for lung adenocarcinoma

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.

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u> X </u> None | |
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| 3 | Royalties or licenses | <u> X </u> None | |
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| 4 | Consulting fees | <u> X </u> None | |
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| 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 | |
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| 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:

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| None |
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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: 2023/5/30

Your Name: Xinxin Fan

Manuscript Title: Construction and validation of a novel ferroptosis-related prognostic signature for lung adenocarcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/5/30

Your Name: Chao Zhou

Manuscript Title: Construction and validation of a novel ferroptosis-related prognostic signature for lung adenocarcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/5/30

Your Name: Ziqi Wang

Manuscript Title: Construction and validation of a novel ferroptosis-related prognostic signature for lung adenocarcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/5/30

Your Name: Zelong Cui

Manuscript Title: Construction and validation of a novel ferroptosis-related prognostic signature for lung adenocarcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/5/30

Your Name: Xuan Wu

Manuscript Title: Construction and validation of a novel ferroptosis-related prognostic signature for lung adenocarcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/5/30

Your Name: Zhiwei Xu

Manuscript Title: Construction and validation of a novel ferroptosis-related prognostic signature for lung adenocarcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/5/30

Your Name: Jia Yang

Manuscript Title: Construction and validation of a novel ferroptosis-related prognostic signature for lung adenocarcinoma

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/5/30

Your Name: Xiaoju Zhang

Manuscript Title: Construction and validation of a novel ferroptosis-related prognostic signature for lung adenocarcinoma

Manuscript number (if known): _____

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