

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Xiaozhong

2. Surname (Last Name)
Guo

3. Date
01-May-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Daiming Fan

5. Manuscript Title
Report of 2017 Holistic Integrative Gastroenterology (HIG) forum

6. Manuscript Identifying Number (if you know it)

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Dr. Guo has nothing to disclose.

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Xin

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Wang

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01-May-2017

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Corresponding Author's Name
Daiming Fan

5. Manuscript Title
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Huahong

2. Surname (Last Name)
Xie

3. Date
01-May-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Daiming Fan

5. Manuscript Title
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1. Given Name (First Name) Xingshun	2. Surname (Last Name) Qi	3. Date 01-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daiming Fan
5. Manuscript Title Report of 2017 Holistic Integrative Gastroenterology (HIG) forum		
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1. Given Name (First Name) Daiming	2. Surname (Last Name) Fan	3. Date 01-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daiming Fan
5. Manuscript Title Report of 2017 Holistic Integrative Gastroenterology (HIG) forum		
6. Manuscript Identifying Number (if you know it)		

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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.)?

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Dr. Fan has nothing to disclose.

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