

ICMJE DISCLOSURE FORM

Date: 2022.10.24

Your Name: Chunmei Wang

Manuscript Title: Risk factors of Helicobacter pylori infection among military patients: A hospital-based cross-sectional study

Manuscript number (if known): AMJ 22-37

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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3	Royalties or licenses	None	
4	Consulting fees	None	

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13	Other financial or non-financial interests	None	

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

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Date: 2022.10.24

Your Name: Ying Qu

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Date: 2022.10.24

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Your Name: Mengyuan Peng

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Your Name: Ji Feng

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