

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

ZHAN

2. Surname (Last Name)

SHI

3. Date

15-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

DONGSHENG HUANG, QIURAN XU

5. Manuscript Title

Application of nomogram containing LODDS in gallbladder cancer patients

6. Manuscript Identifying Number (if you know it)

ATM-2020-91

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ZUNQIANG

2. Surname (Last Name)

XIAO

3. Date

15-April-2020

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Corresponding Author's Name

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1. Given Name (First Name) LIJIE	2. Surname (Last Name) LI	3. Date 15-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name DONGSHENG HUANG, QIURAN XU
5. Manuscript Title Application of nomogram containing LODDS in gallbladder cancer patients		
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LINJUN

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HU

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Corresponding Author's Name

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Section 1. Identifying Information

1. Given Name (First Name)

JUNJUN

2. Surname (Last Name)

ZHAO

3. Date

15-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

DONGSHENG HUANG, QIURAN XU

5. Manuscript Title

Application of nomogram containing LODDS in gallbladder cancer patients

6. Manuscript Identifying Number (if you know it)

ATM-2020-91

Section 2. The Work Under Consideration for Publication

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YANG

2. Surname (Last Name)

LIU

3. Date

15-April-2020

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Yes No

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DONGSHENG

2. Surname (Last Name)
HUANG

3. Date
15-April-2020

4. Are you the corresponding author? Yes No

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QIURAN

2. Surname (Last Name)
XU

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15-April-2020

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