

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ying

2. Surname (Last Name)

Jiang

3. Date

07-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Shuzhen Wang

5. Manuscript Title

Diagnostic and prognostic value of HABP2 as a novel biomarker for endometrial cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Jiang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jinfeng	2. Surname (Last Name) Li	3. Date 07-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuzhen Wang
5. Manuscript Title Diagnostic and prognostic value of HABP2 as a novel biomarker for endometrial cancer		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Li has nothing to disclose.

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1. Given Name (First Name) Cuiqin	2. Surname (Last Name) Sang	3. Date 07-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuzhen Wang
5. Manuscript Title Diagnostic and prognostic value of HABP2 as a novel biomarker for endometrial cancer		
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Section 1. Identifying Information

1. Given Name (First Name) Guangming	2. Surname (Last Name) Cao	3. Date 07-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuzhen Wang
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Yes No

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