

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) Gongsheng	2. Surname (Last Name) Yuan	3. Date 04-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuying Yang
5. Manuscript Title Macrophage Regulator of G-protein signaling 12 Contributes to Inflammatory Pain Hypersensitivity		
6. Manuscript Identifying Number (if you know it) ATM-20-5729-R1		

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Dr. Yuan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Shuting

2. Surname (Last Name)

Yang

3. Date

04-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Shuying Yang

5. Manuscript Title

Macrophage Regulator of G-protein signaling 12 Contributes to Inflammatory Pain Hypersensitivity

6. Manuscript Identifying Number (if you know it)

ATM-20-5729-R1

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1. Given Name (First Name) Mayank	2. Surname (Last Name) Gautam	3. Date 04-November-2020
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1. Given Name (First Name)

Wenqin

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Lou

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04-November-2020

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Corresponding Author's Name

Shuying Yang

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