

ICMJE DISCLOSURE FORM

Date: August 5, 2022

Your Name: Yi Liu

Manuscript Title: Identification and verification of a glycolysis-related gene signature for gastric cancer

Manuscript number (if known):

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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Time frame: Since the initial planning of the work			
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		Technological Talents Support Plan of Shaanxi Provincial People's Hospital (Leading Talents)	
		the Scientific and Technological Talents Support Plan of Shaanxi Provincial People's Hospital (Top Talent)	grant no. 2021BJ-01
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

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ICMJE DISCLOSURE FORM

Date: August 5, 2022

Your Name: Min Wu

Manuscript Title: Identification and verification of a glycolysis-related gene signature for gastric cancer

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: August 5, 2022

Your Name: Jian Cao

Manuscript Title: Identification and verification of a glycolysis-related gene signature for gastric cancer

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: August 5, 2022

Your Name: Yaning Zhu

Manuscript Title: Identification and verification of a glycolysis-related gene signature for gastric cancer

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ICMJE DISCLOSURE FORM

Date: August 5, 2022

Your Name: Yu Ma

Manuscript Title: Manuscript Title: Identification and verification of a glycolysis-related gene signature for gastric cancer

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ICMJE DISCLOSURE FORM

Date: August 5, 2022

Your Name: Yansong Pu

Manuscript Title: Manuscript Title: Identification and verification of a glycolysis-related gene signature for gastric cancer

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ICMJE DISCLOSURE FORM

Date: August 5, 2022

Your Name: Xueping Huo

Manuscript Title: Manuscript Title: Identification and verification of a glycolysis-related gene signature for gastric cancer

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ICMJE DISCLOSURE FORM

Date: August 5, 2022

Your Name: Jianhua Wang

Manuscript Title: Manuscript Title: Identification and verification of a glycolysis-related gene signature for gastric cancer

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		Technological Talents Support Plan of Shaanxi Provincial People's Hospital (Leading Talents)	
		the Scientific and Technological Talents Support Plan of Shaanxi Provincial People's Hospital (Top Talent)	grant no. 2021BJ-01
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

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Please place an “X” next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.