ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Identifying Information

1. Given Name (First Name) Kang
2. Surname (Last Name) Lin
3. Date 01-July-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   Comprehensive Analysis of the Prognosis for Chromobox Family in Gastric Cancer

Manuscript Identifying Number (if you know it)
JGO-20-208

The Work Under Consideration for Publication

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Dr. Lin has nothing to disclose.

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<tr>
<td>Jinfeng</td>
<td>Zhu</td>
<td>01-July-2020</td>
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</table>

4. Are you the corresponding author? Yes No ✔

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<td>Cegui</td>
<td>Hu</td>
<td>01-July-2020</td>
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4. Are you the corresponding author? □ Yes ✔ No

Corresponding Author's Name
Zhengming Zhu

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  Fanqin
2. Surname (Last Name)  Bu
3. Date  01-July-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  Zhengming Zhu

5. Manuscript Title  Comprehensive Analysis of the Prognosis for Chromobox Family in Gastric Cancer
6. Manuscript Identifying Number (if you know it)  JGO-20-208

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1. Given Name (First Name)  
   Chen

2. Surname (Last Name)  
   Luo

3. Date  
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   Yes  ✔ No

Corresponding Author’s Name  
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- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
- **Grant:** A grant from an entity, generally (but not always) paid to your organization
- **Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
- **Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
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- **Issued:** The patent has been issued by the agency
- **Licensed:** The patent has been licensed to an entity, whether earning royalties or not
- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Xiaojian

2. Surname (Last Name)  
   Zhu

3. Date  
   01-July-2020

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Zhengming Zhu

5. Manuscript Title  
   Comprehensive Analysis of the Prognosis for Chromobox Family in Gastric Cancer

6. Manuscript Identifying Number (if you know it)  
   JGO-20-208

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   [ ] Yes  [ ] No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   [ ] Yes  [ ] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Dr. Zhu has nothing to disclose.

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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. **Identifying information.**

2. **The work under consideration for publication.**
   
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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1. Given Name (First Name) Zhengming
2. Surname (Last Name) Zhu
3. Date 01-July-2020
4. Are you the corresponding author? Yes
5. Manuscript Title Comprehensive Analysis of the Prognosis for Chromobox Family in Gastric Cancer
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Zhengming Zhu
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