

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) MuQun	2. Surname (Last Name) He	3. Date 28-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mu-Qing He
5. Manuscript Title miR-133a-5p suppresses gastric cancer through TCF4 down-regulation		
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Dr. He has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) JianFeng	2. Surname (Last Name) Wan	3. Date 28-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mu-Qing He
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Dr. Wan has nothing to disclose.

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1. Given Name (First Name) HongFu	2. Surname (Last Name) Zeng	3. Date 28-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mu-Qing He
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1. Given Name (First Name) YingYan	2. Surname (Last Name) Tang	3. Date 28-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mu-Qing He
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