ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Jingjing
2. Surname (Last Name) Li
3. Date 18-July-2020

4. Are you the corresponding author? □ Yes ✔ No

Corresponding Author’s Name Jieer Ying

5. Manuscript Title
Elevated Carbohydrate Antigen 125 Post-operation as a Prognostic Marker in Gastric Cancer Patients with Stage II - III

6. Manuscript Identifying Number (if you know it)

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Dr. Li has nothing to disclose.

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<thead>
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<td>18-July-2020</td>
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**Corresponding Author’s Name**

Jieer Ying

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Dr. XU has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Cong  

2. Surname (Last Name)  
   Luo  

3. Date  
   18-July-2020  

4. Are you the corresponding author?  
   - [ ] Yes  
   - [✓] No  

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   Jieer Ying  

5. Manuscript Title  
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1. Given Name (First Name)  
   Lei

2. Surname (Last Name)  
   Chen

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4. Are you the corresponding author?  
   ✅ No

   Corresponding Author’s Name  
   Jieer Ying

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2. Surname (Last Name)  
   Ying

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