ICMJE DISCLOSURE FORM

Date:___Apr. 8th, 2021____
Your Name:___Zhanghao Huang_____________
Manuscript Title:___SMOX expressions predict the prognosis of non-small cell lung cancer_______
Manuscript number (if known):_________________________________________________________

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| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | __X__ None <br>                                                                 |
|   | Conflict of Interest Description |   |
|---|----------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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Date: ____Apr. 8th, 2021____
Your Name: ___Shuo Wang____________
Manuscript Title: _SMOX expression predicts the prognosis of non-small cell lung cancer________
Manuscript number (if known): ________________________________________________

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| 3 | Royalties or licenses | _X_ None<br>______________________________________________________________________|
| 4 | Consulting fees | _X_ None<br>______________________________________________________________________|
|   | Conflict of Interest                                           | X | None |
|---|---------------------------------------------------------------|----|------|
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| 6 | Payment for expert testimony                                  | X | None |
| 7 | Support for attending meetings and/or travel                   | X | None |
| 8 | Patents planned, issued or pending                             | X | None |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                        | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                     | X | None |

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Date:____Apr. 8th, 2021____
Your Name:___Hai-Jian Zhang____________
Manuscript Title:___SMOX expression predicts the prognosis of non-small cell lung cancer________
Manuscript number (if known):_________________________________________________________

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|   | Description                                                                 | _X_ None |
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Date:____Apr. 8th, 2021____
Your Name:___You Lang Zhou____________
Manuscript Title:___SMOX expression predicts the prognosis of non-small cell lung cancer________
Manuscript number (if known):______________________________________________________________

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|   | **No time limit for this item.**                                                               |                                                                                  |
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| 3 | Royalties or licenses                                                                           | _X_ None |
| 4 | Consulting fees                                                                                | _X_ None |
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|   | services                                                                      |    |      |
| 13| Other financial or non-financial interests                                    | X | None |

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Date:____April 8th, 2021____
Your Name:___Jia-Hai Shi_____________
Manuscript Title:___SMOX expression predicts the prognosis of non-small cell lung cancer________
Manuscript number (if known):______________________________________________________________

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| 3 | Royalties or licenses                                                                         | _X_ None                                                                         |
| 4 | Consulting fees                                                                               | _X_ None                                                                         |

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