ICMJE DISCLOSURE FORM

Date: _November 20th, 2021_ 
Your Name: __Zhi Zhai Luo__

Manuscript Title: _Autophagy related long non-coding RNA and breast cancer prognosis analysis and prognostic risk model establishment_
Manuscript number (if known): ________________________

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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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No time limit for this item. | □ √ None |
| 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 |
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| 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 |
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| 13 | Other financial or non-financial interests | ✓ None |

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.
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Date: November 20th, 2021
Your Name: Bin Bin Nong
Manuscript Title: Autophagy related long non-coding RNA and breast cancer prognosis analysis and prognostic risk model establishment
Manuscript number (if known):________________________________________________________

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| **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 |
|   | Description                                                                 | Yes/No | Note |
|---|------------------------------------------------------------------------------|--------|------|
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|   | manuscript writing or educational events                                     |        |      |
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Date: October 20th, 2021
Your Name: Yan Fei Ma
Manuscript Title: Autophagy related long non-coding RNA and breast cancer prognosis analysis and prognostic risk model establishment
Manuscript number (if known):

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | √ None |
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ICMJE DISCLOSURE FORM

Date: __November 20th, 2021__________________________

Your Name: __Da Lang Fang__________________________

Manuscript Title: _Autophagy related long non-coding RNA and breast cancer prognosis analysis and prognostic risk model establishment_

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.) | None                                                                                 |
|   | **No time limit for this item.**                                                                   |                                                                                     |
|   | **Time frame: Since the initial planning of the work**                                             |                                                                                     |
|   | **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                                                                                 |
|   | Conflict of Interest                                                                 | Answer |
|---|-------------------------------------------------------------------------------------|--------|
| 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 |
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| 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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