ICMJE DISCLOSURE FORM

Date: ___ 2020.07.07

Your Name: Jie Wu

Manuscript Title: Comprehensive Analysis of IncRNA and miRNA Expression Profiles and ceRNA Network Construction in Negative Pressure Wound Therapy

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Date: ___ 2020.07.07____________________________
Your Name: ____ Yong Qin____________________________________________________________
Manuscript Title: Comprehensive Analysis of IncRNA and miRNA Expression Profiles and ceRNA Network Construction in Negative Pressure Wound Therapy
Manuscript number (if known): _______________________________________________________

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Date: ___2020.07.07__________________________

Your Name: _____Zhirui Li____________________________________________________________

Manuscript Title: Comprehensive Analysis of IncRNA and miRNA Expression Profiles and ceRNA Network Construction in Negative Pressure Wound Therapy

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Date: ___2020.07.07___

Your Name: Jiantao Li

Manuscript Title: Comprehensive Analysis of lncRNA and miRNA Expression Profiles and ceRNA Network Construction in Negative Pressure Wound Therapy

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Date: ___ 2020.07.07 

Your Name: Sheng Tao

Manuscript Title: Comprehensive Analysis of lncRNA and miRNA Expression Profiles and ceRNA Network Construction in Negative Pressure Wound Therapy

Manuscript number (if known): ____________________________

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Date: ___ 2020.07.07 ___
Your Name: Daohong Liu

Manuscript Title: Comprehensive Analysis of IncRNA and miRNA Expression Profiles and ceRNA Network Construction in Negative Pressure Wound Therapy
Manuscript number (if known): ________________

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Date: ___ 2020.07.07

Your Name: _______ Litao Li

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