ICMJE DISCLOSURE FORM

Date: 2021.12.16
Your Name: Wenjing Zhu
Manuscript Title: The methylation modification of m6A regulators contributes to the prognosis of ovarian cancer
Manuscript number (if known): ____________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|---|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** |                                                                                   |                                                                                  |
| 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: 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                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 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 |
| 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 |
|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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None.

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.
ICMJE DISCLOSURE FORM

Date: 2021.12.17
Your Name: Long Zhao
Manuscript Title: The methylation modification of m6A regulators contributes to the prognosis of ovarian cancer
Manuscript number (if known): 

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| Item | Specification/Comment (e.g., if payments were made to you or to your institution) | Time frame: Since the initial planning of the work |
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| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None |

| Item | Specification/Comment (e.g., if payments were made to you or to your institution) | Time frame: past 36 months |
|------|-----------------------------------------------------------------------------------|----------------------------|
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| 3    | Royalties or licenses                                                              | None                       |
| 4    | Consulting fees                                                                    | None                       |
|   | Description                                                                 | Answer |
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| 8 | Patents planned, issued or pending                                          | None   |
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Date: 2021.12.17
Your Name: Ying Liu
Manuscript Title: The methylation modification of m6A regulators contributes to the prognosis of ovarian cancer
Manuscript number (if known): ______________________________________________________________

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| 4 | Consulting fees                                                                               | ___None                                                                          |
|   | Time frame: past 36 months                                                                     |                                                                                  |
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,     | None     |
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Date: 2021.12.16  
Your Name: Xin Zou  
Manuscript Title: The methylation modification of m6A regulators contributes to the prognosis of ovarian cancer  
Manuscript number (if known): ________________________________

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Date: 2021.12.16  
Your Name: Tongqin Han  
Manuscript Title: The methylation modification of m6A regulators contributes to the prognosis of ovarian cancer  
Manuscript number (if known): __________________________________________________________________________

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| 2 Grants or contracts from any entity (if not indicated in item #1 above). | ____None | |
| 3 Royalties or licenses | ____None | |
| 4 Consulting fees | ____None | |
|   | Statement                                                                 | Answer |
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Date: 2021.12.16
Your Name: Yongmei Shi
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