ICMJE DISCLOSURE FORM

Date: 2021-12-13
Your Name: Qian Shen
Manuscript Title: Knockdown of IncRNA AL928768.3 inhibits multiple myeloma cell proliferation by inducing cell cycle arrest in G0/G1 phase
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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| Item | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|---------------------------------------------------|----------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3    | Royalties or licenses | _X_ None |
| 4    | Consulting fees | _X_ None |
|   |                                                                                                    |   |
|---|-----------------------------------------------------------------------------------------------------|---|
| 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 |

Please summarize the above conflict of interest in the following box:

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: ___2021-12-13___

Your Name: ___Qi Jiang__________________________

Manuscript Title: ___Knockdown of lncRNA AL928768.3 inhibits multiple myeloma cell proliferation by inducing cell cycle arrest in G0/G1 phase___

Manuscript number (if known): ___________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___X__ None |
| 3 | Royalties or licenses | _X__ None |
| 4 | Consulting fees | _X__ None |
|   | Description                                                                 | X | None |
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| 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 |
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| 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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ICMJE DISCLOSURE FORM

Date: 2021-12-13
Your Name: Zhirong Cong
Manuscript Title: Knockdown of lncRNA AL928768.3 inhibits multiple myeloma cell proliferation by inducing cell cycle arrest in G0/G1 phase
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).                   | X None                                                                            |
| 3 | Royalties or licenses                                                                      | X None                                                                            |
| 4 | Consulting fees                                                                           | X None                                                                            |
|   | Description                                                                 | Answer |
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ICMJE DISCLOSURE FORM

Date:____2021-12-13____
Your Name:__Xiaoxiao Huang______________________________
Manuscript Title:__Knockdown of IncRNA AL928768.3 inhibits multiple myeloma cell proliferation by inducing cell cycle arrest in G0/G1 phase________________________________________
Manuscript number (if known):_____________________________________________________

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| 3 | Royalties or licenses | _ X ___ None | |
| 4 | Consulting fees | _ X ___ None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
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| 6 | Payment for expert testimony | X None |
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ICMJE DISCLOSURE FORM

Date: ___2021-12-13______________________________
Your Name: ___ Li Zhu____________________________
Manuscript Title: ___ Knockdown of lncRNA AL928768.3 inhibits multiple myeloma cell proliferation by inducing cell cycle arrest in G0/G1 phase
Manuscript number (if known): ____________________________

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|   | Description                                                                 | Agreement | Notes |
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ICMJE DISCLOSURE FORM

Date: _____ 2021-12-13 ______________________________________________________________

Your Name: __ Xiaohong Xu __________________________________________________________

Manuscript Title: _ Knockdown of lncRNA AL928768.3 inhibits multiple myeloma cell proliferation by inducing cell cycle arrest in G0/G1 phase

Manuscript number (if known): ______________________________________________________

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| __ X __ None | | |

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| 3. Royalties or licenses | _ X __ None |
| 4. Consulting fees | _ X __ None |
|   |                                                                 |   |
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| 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: 2021-12-13
Your Name: Juan Qian
Manuscript Title: Knockdown of IncRNA AL928768.3 inhibits multiple myeloma cell proliferation by inducing cell cycle arrest in G0/G1 phase
Manuscript number (if known): 

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|      |             |                                                                 |                                                                  |
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|      |             |                                                                 |                                                                  |
|   | Description                                                                                   |   |   |
|---|-----------------------------------------------------------------------------------------------|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or     | _X_ | None |
|   | educational events                                                                           |   |   |
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|   | unpaid                                                                                        |   |   |
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