ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.
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Section 1. Identifying Information

1. Given Name (First Name)  Shicong
2. Surname (Last Name)  Yang
3. Date
4. Are you the corresponding author?  ☑️ Yes  ☐ No

Corresponding Author’s Name
Zhuo Wang and Liantang Wang

5. Manuscript Title
High mobility group box 2 modulates the progression of osteosarcoma and is related with poor prognosis

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Yang has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Ziyin

2. Surname (Last Name)  
   Ye

3. Date

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name
   Zhuo Wang and Liantang Wang

5. Manuscript Title
   High mobility group box 2 modulates the progression of osteosarcoma and is related with poor prognosis

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Dr. Ye has nothing to disclose.

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|----------------------------|------------------------|---------|
| Zhuo                       | Wang                   |         |

4. Are you the corresponding author?  
   - Yes  
   - No

5. Manuscript Title  
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1. Given Name (First Name)  
   Liantang

2. Surname (Last Name)  
   Wang

3. Date

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

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