

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Qian	2. Surname (Last Name) Gao	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lixiu Liu
5. Manuscript Title Effectiveness of a comprehensive post-operative health education program in improving quality of life after gastric cancer surgery		
6. Manuscript Identifying Number (if you know it) APM-20-607		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Gao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Huiyan	2. Surname (Last Name) Li	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lixiu Liu
5. Manuscript Title Effectiveness of a comprehensive post-operative health education program in improving quality of life after gastric cancer surgery		
6. Manuscript Identifying Number (if you know it) APM-20-607		

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Dr. Li has nothing to disclose.

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1. Given Name (First Name) Yuan Zou	2. Surname (Last Name) Zou	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lixiu Liu
5. Manuscript Title Effectiveness of a comprehensive post-operative health education program in improving quality of life after gastric cancer surgery		
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Section 1. Identifying Information

1. Given Name (First Name)

Lixiu

2. Surname (Last Name)

Liu

3. Date

18-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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