

ICMJE DISCLOSURE FORM

Date: 12/25/2023

Your Name: Zhanrui Mao

Manuscript Title: Diagnosis of malignant body fluids via cancer-universal methylation in cell-free DNA

Manuscript Number (if known): [Click or tap here to enter text.](#)

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Date: 12/25/2023

Your Name: Shihua Dong

Manuscript Title: Diagnosis of malignant body fluids via cancer-universal methylation in cell-free DNA

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 12/25/2023

Your Name: Yu Yan

Manuscript Title: Diagnosis of malignant body fluids via cancer-universal methylation in cell-free DNA

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Your Name: Chengyang Wang

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Date: 12/25/2023

Your Name: Wei Li

Manuscript Title: Diagnosis of malignant body fluids via cancer-universal methylation in cell-free DNA

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☒ 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: 12/25/2023

Your Name: Lu Wang

Manuscript Title: Diagnosis of malignant body fluids via cancer-universal methylation in cell-free DNA

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

Date: 12/25/2023

Your Name: Chengchen Qian

Manuscript Title: Diagnosis of malignant body fluids via cancer-universal methylation in cell-free DNA

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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ICMJE DISCLOSURE FORM

Date: 12/25/2023

Your Name: Yuanlin Song

Manuscript Title: Diagnosis of malignant body fluids via cancer-universal methylation in cell-free DNA

Manuscript Number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 12/25/2023

Your Name: Lin Tong

Manuscript Title: Diagnosis of malignant body fluids via cancer-universal methylation in cell-free DNA

Manuscript Number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 12/25/2023

Your Name: Wenqiang Yu

Manuscript Title: Diagnosis of malignant body fluids via cancer-universal methylation in cell-free DNA

Manuscript Number (if known): _____

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.