

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) qiuni	2. Surname (Last Name) zhao	3. Date 16-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name baoli zhu
5. Manuscript Title Small ubiquitin-like modifier 1 gene associated with noise-induced hearing loss in Chinese workers		
6. Manuscript Identifying Number (if you know it) JPHE-20-114		

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Dr. zhao has nothing to disclose.

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1. Given Name (First Name) wen	2. Surname (Last Name) wu	3. Date 16-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name baoli zhu
5. Manuscript Title Small ubiquitin-like modifier 1 gene associated with noise-induced hearing loss in Chinese workers		
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1. Given Name (First Name) chengguo	2. Surname (Last Name) li	3. Date 16-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name baoli zhu
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baoli

2. Surname (Last Name)
zhu

3. Date
16-December-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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