ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Garreth

2. Surname (Last Name)  
Lawrence

3. Date  
14-May-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Caitriona M. Guinane

5. Manuscript Title  
The more we learn, the less we know; deciphering the link between human gut fusobacteria and colorectal cancer.

6. Manuscript Identifying Number (if you know it)  
DMR-2020-16

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Are there any relevant conflicts of interest?  
☑ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Mr. Lawrence has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Maire

2. Surname (Last Name)  
   Begley

3. Date  
   15-May-2020

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

5. Manuscript Title  
   The more we learn, the less we know; deciphering the link between human gut fusobacteria and colorectal cancer.

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Dr. Begley has nothing to disclose.

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<table>
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<tr>
<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>Paul</td>
<td>Cotter</td>
<td>14-May-2020</td>
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</tbody>
</table>

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

**Corresponding Author’s Name**

Caitriona Guinane

5. Manuscript Title

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Prof. Cotter has nothing to disclose.

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   Caitriona

2. Surname (Last Name)  
   Guinane

3. Date  
   15-May-2020

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   ☑ Yes  □ No

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