

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Xiaodong

2. Surname (Last Name)

Shi

3. Date

27-August-1987

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Baoli Zhu

5. Manuscript Title

Requirements for health prevention and control for COVID-19 during radiological diagnosis in Jiangsu Province

6. Manuscript Identifying Number (if you know it)

JPHE-20-18

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

Yes

No

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Are there any relevant conflicts of interest?

Yes

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

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Dr. Shi 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) Jiayi	2. Surname (Last Name) Ma	3. Date 23-October-1983
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Baoli Zhu
5. Manuscript Title Requirements for health prevention and control for COVID-19 during radiological diagnosis in Jiangsu Province		
6. Manuscript Identifying Number (if you know it) JPHE-20-18		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Ma has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jin	2. Surname (Last Name) Wang	3. Date 23-October-1970
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Baoli Zhu
5. Manuscript Title Requirements for health prevention and control for COVID-19 during radiological diagnosis in Jiangsu Province		
6. Manuscript Identifying Number (if you know it) JPHE-20-18		

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Dr. Wang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ningle	2. Surname (Last Name) Yu	3. Date 30-March-1960
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Baoli Zhu
5. Manuscript Title Requirements for health prevention and control for COVID-19 during radiological diagnosis in Jiangsu Province		
6. Manuscript Identifying Number (if you know it) JPHE-20-18		

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Dr. Yu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Baoli

2. Surname (Last Name)  
Zhu

3. Date  
17-February-1966

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Requirements for health prevention and control for COVID-19 during radiological diagnosis in Jiangsu Province

6. Manuscript Identifying Number (if you know it)  
JPHE-20-18

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