

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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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yumei	2. Surname (Last Name) Cheng	3. Date 22-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Feng Shen
5. Manuscript Title Prediction of nosocomial infection incidence in the Department of Critical Care Medicine of Guizhou Province with a time series model		
6. Manuscript Identifying Number (if you know it)		

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Dr. Cheng has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Jia

2. Surname (Last Name)

Yuan

3. Date

22-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Feng Shen

5. Manuscript Title

Prediction of nosocomial infection incidence in the Department of Critical Care Medicine of Guizhou Province with a time series model

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Qimin

2. Surname (Last Name)

Chen

3. Date

22-May-2020

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Yes

No

Corresponding Author's Name

Feng Shen

5. Manuscript Title

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