

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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Chai 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Jing	2. Surname (Last Name) Chai		3. Date 31-May-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nam Zifeng Xu	e
5. Manuscript Title Association of lymphocyte count and ir	ncidence of maternal fever	in epidural analgesia-involve	ed labor
6. Manuscript Identifying Number (if you kr ATM-20-1724	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
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Section 4. Intellectual Proper	utu. Datanta 9 Canani	uhea	
intellectual Propel	rty Patents & Copyric	gnts —	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Chai 2



Section 5.	
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Jia 1



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4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name Zifeng Xu	
5. Manuscript Title Association of lyr		ncidence of maternal fever	in epidural analgesia-involved labor	
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Do you have any			oadly relevant to the work? Yes V No	

Jia 2



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Cao 1



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5. Manuscript Title Association of ly		ncidence of maternal fever	in epidural analgesia-involved labor
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Xu 1



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