

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yihong	2. Surname (Last Name) Chen	3. Date 11-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhang Yuxia; Lin Ying
5. Manuscript Title Application of the PDCA cycle for standardized nursing management in a COVID-19 intensive care unit		
6. Manuscript Identifying Number (if you know it) APM-20-1084		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jili	2. Surname (Last Name) Zheng	3. Date 11-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhang Yuxia; Lin Ying
5. Manuscript Title Application of the PDCA cycle for standardized nursing management in a COVID-19 intensive care unit		
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Dr. Zheng has nothing to disclose.

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1. Given Name (First Name)

Yuxia

2. Surname (Last Name)

Zhang

3. Date

11-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Lin

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