

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Ying	2. Surname (Last Name) Chen	3. Date 22-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sun Cong AND Lei Yujie
5. Manuscript Title Large Pulmonary Cavity in COVID-19 Cured Patient Case Report		
6. Manuscript Identifying Number (if you know it) APM-20-452		

Section 2. The Work Under Consideration for Publication

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Dr. Chen has nothing to disclose.

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1. Given Name (First Name) Wanling	2. Surname (Last Name) Chen	3. Date 22-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sun Cong AND Lei Yujie
5. Manuscript Title Large Pulmonary Cavity in COVID-19 Cured Patient Case Report		
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1. Given Name (First Name) Jiansheng	2. Surname (Last Name) Zhou	3. Date 22-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sun Cong AND Lei Yujie
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1. Given Name (First Name)
Cong

2. Surname (Last Name)
Sun

3. Date
22-March-2020

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5. Manuscript Title
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Lei

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22-March-2020

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