

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Yunyan	2. Surname (Last Name) Ma	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Meng Qin
5. Manuscript Title Economic burden of maintenance hemodialysis patients' families in Nanchong and its influencing factors		
6. Manuscript Identifying Number (if you know it) _____		

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1. Given Name (First Name) Hang	2. Surname (Last Name) Yu	3. Date 07-September-2020
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1. Given Name (First Name) Hongbing	2. Surname (Last Name) Sun	3. Date 07-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Meng Qin
5. Manuscript Title Economic burden of maintenance hemodialysis patients' families in Nanchong and its influencing factors		
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Section 1. Identifying Information

1. Given Name (First Name)

Mi

2. Surname (Last Name)

Li

3. Date

07-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Meng Qin

5. Manuscript Title

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Yes No

5. Manuscript Title

Economic burden of maintenance hemodialysis patients' families in Nanchong and its influencing factors

6. Manuscript Identifying Number (if you know it)

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Qin has nothing to disclose.

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