

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) Yu	2. Surname (Last Name) Xing	3. Date 22-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Haili Jiang
5. Manuscript Title The effect of exercise on maternal complications and birth outcomes in overweight or obese pregnant women: a meta-analysis		
6. Manuscript Identifying Number (if you know it) APM-20-2097		

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Dr. Xing has nothing to disclose.

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1. Given Name (First Name)
Xin

2. Surname (Last Name)
Wang

3. Date
22-October-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Haili Jiang

5. Manuscript Title
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Weiyuan

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Zhang

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22-October-2020

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☐ Yes

☒ No

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