

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1.	Identifying Inforn	nation	
1. Given Name (Fi Wei	rst Name)	2. Surname (Last Na Gu	me) 3. Date 14-January-2017
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Fengcai Zhu
5. Manuscript Titl Immunologic su	e rrogate of protection f	or inactivated entero	virus 71 vaccines
6. Manuscript Ide	ntifying Number (if you ki	now it)	
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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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 🖌 No)
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Dr. Liu has nothing to disclose.

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1. Given Name (First Name) Jingxin	2. Surname (Last Name) Li	3. Date 14-January-2017
Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Fengcai Zhu
Manuscript Title munologic surrogate of protection	for inactivated enteroviru	us 71 vaccines
Manuscript Identifying Number (if you	know it)	

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