

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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 Information

1. Given Name (First Name) Feixia	2. Surname (Last Name) Wang	3. Date 10-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Baoli Zhu
5. Manuscript Title Occupational noise exposure and hypertension: a case-control study		
6. Manuscript Identifying Number (if you know it)		

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Dr. Wang has nothing to disclose.

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1. Given Name (First Name) Xianping	2. Surname (Last Name) Song	3. Date 10-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Baoli Zhu
5. Manuscript Title Occupational noise exposure and hypertension: a case-control study		
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Miss Song has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Fenglei	2. Surname (Last Name) Li	3. Date 10-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Baoli Zhu
5. Manuscript Title Occupational noise exposure and hypertension: a case-control study		
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Mr. Li has nothing to disclose.

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1. Given Name (First Name) Ying	2. Surname (Last Name) Bai	3. Date 10-December-2018
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5. Manuscript Title Occupational noise exposure and hypertension: a case-control study		
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Are there any relevant conflicts of interest? Yes No

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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Section 1. Identifying Information

1. Given Name (First Name) Feng	2. Surname (Last Name) Zhang	3. Date 10-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Baoli Zhu
5. Manuscript Title Occupational noise exposure and hypertension: a case-control study		
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Section 1. Identifying Information

1. Given Name (First Name) Xiaoming	2. Surname (Last Name) Luo	3. Date 10-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Baoli Zhu
5. Manuscript Title Occupational noise exposure and hypertension: a case-control study		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)
Huanxi

2. Surname (Last Name)
Shen

3. Date
10-December-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Zhu

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