

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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Meng 1



Section 1. Identifying Info	rmation		
1. Given Name (First Name) Yujie	2. Surname (Last Name) Meng	3. Date 21-April-2019	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Xiaopeng Qi	
5. Manuscript Title Spatial accessibility to midwifery inst	itutions in Wuhan city		
6. Manuscript Identifying Number (if you	know it)		
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Do you have any patents, whether pla	anned, pending or issued, b	roadly relevant to the work? Yes V No	

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Dr. Meng has nothing to disclose.

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Huang 1



Section 1. Identifying Inform	mation		
1. Given Name (First Name) Aiqun	2. Surname (Last Name) Huang	3. Date 21-April-2019	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Xiaopeng Qi	
5. Manuscript Title Spatial accessibility to midwifery instit	utions in Wuhan city		
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Pan 1



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Qi 1



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4. Are you the cor	responding author?	✓ Yes No		
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