

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)
Yang

2. Surname (Last Name)
Zhao

3. Date
20-April-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Appealing for Efficient, Well Organized Clinical Trials on COVID-19

6. Manuscript Identifying Number (if you know it)
ATM-20-2429

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Dr. Zhao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Yongyue

2. Surname (Last Name)
Wei

3. Date
20-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Feng Chen & Yang Zhao

5. Manuscript Title
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Dr. Wei has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sipeng	2. Surname (Last Name) Shen	3. Date 20-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Feng Chen & Yang Zhao
5. Manuscript Title Appealing for Efficient, Well Organized Clinical Trials on COVID-19		
6. Manuscript Identifying Number (if you know it) ATM-20-2429		

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Mingzhi

2. Surname (Last Name)
Zhang

3. Date
20-April-2020

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☐ Yes ☒ No

Corresponding Author's Name
Feng Chen & Yang Zhao

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Feng

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Chen

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20-April-2020

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