

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Haobin	2. Surname (Last Name) ZHANG	3. Date 23-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Changhe Fan
5. Manuscript Title A psychological investigation of coronavirus disease 2019 (COVID-19) patients in mobile cabin hospitals in Wuhan		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. ZHANG has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) SI	2. Surname (Last Name) QIN	3. Date 23-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Changhe Fan
5. Manuscript Title A psychological investigation of coronavirus disease 2019 (COVID-19) patients in mobile cabin hospitals in Wuhan		
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Dr. QIN has nothing to disclose.

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1. Given Name (First Name) Lei	2. Surname (Last Name) Zhang	3. Date 23-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Changhe Fan
5. Manuscript Title A psychological investigation of coronavirus disease 2019 (COVID-19) patients in mobile cabin hospitals in Wuhan		
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Changhe

2. Surname (Last Name)
FAN

3. Date
23-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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