

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Zhe

2. Surname (Last Name)

Luo

3. Date

16-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Chou-wen Zhu

5. Manuscript Title

Eight recommendations for the medical task force against COVID-19: Zhongshan experience in Wuhan

6. Manuscript Identifying Number (if you know it)

ATM-20-5534

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Dr. Luo has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Guo-wei	2. Surname (Last Name) Tu	3. Date 16-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chou-wen Zhu
5. Manuscript Title Eight recommendations for the medical task force against COVID-19: Zhongshan experience in Wuhan		
6. Manuscript Identifying Number (if you know it) ATM-20-5534		

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1. Given Name (First Name)

Qing

2. Surname (Last Name)

Yu

3. Date

16-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Chou-wen Zhu

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Yu-meng	2. Surname (Last Name) Yao	3. Date 16-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chou-wen Zhu
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Yuan

2. Surname (Last Name)

Xue

3. Date

16-October-2020

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Yes

No

Corresponding Author's Name

Chou-wen Zhu

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Xiang	2. Surname (Last Name) Chen	3. Date 16-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chou-wen Zhu
5. Manuscript Title Eight recommendations for the medical task force against COVID-19: Zhongshan experience in Wuhan		
6. Manuscript Identifying Number (if you know it) ATM-20-5534		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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Section 1. Identifying Information

1. Given Name (First Name) Min	2. Surname (Last Name) Fei	3. Date 16-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chou-wen Zhu
5. Manuscript Title Eight recommendations for the medical task force against COVID-19: Zhongshan experience in Wuhan		
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)

Chou-wen

2. Surname (Last Name)

Zhu

3. Date

16-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Eight recommendations for the medical task force against COVID-19: Zhongshan experience in Wuhan

6. Manuscript Identifying Number (if you know it)

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