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INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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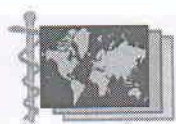
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1. Given Name (First Name)

Ze Qian

2. Surname (Last Name)

Wu

3. Date

2021.1.26

4. Are you the corresponding author?

☐ Yes

☒ No

5. Manuscript Title

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Tan

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Wei-Qiang

2. Surname (Last Name)

Gan

3. Date

2021.1.26

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☒ No

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Zhi-shou

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Mo

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2021.11.26

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Pei-Pei

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Wang

3. Date

2021.1.26

4. Are you the corresponding author?

☐ Yes ☒ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Qi-Yi

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Zhao

3. Date

2021.1.26

4. Are you the corresponding author?

☐ Yes ☒ No

5. Manuscript Title

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Dong-Ying

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Xie

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2021.1.26

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☐ Yes☒ No

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Zhi Liang

2. Surname (Last Name)

Gao

3. Date

2021. 1.26

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Yes



No

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