Date:	2021/5/28
Your Name:_	YUQIAN CHEN
Manuscript T	itle:COVID-19 as an opportunity to reveal the impact of large hospital expansion on the healthcare
delivery syste	em: evidence from Shanghai, China
Manuscript n	umber (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for	<u>X</u> None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	<u>X</u> None		
	meetings and/or travel			
8	Patents planned, issued or	X None		
	pending	NONC		
	F-2			
9	Participation on a Data	X None		
	Safety Monitoring Board or	NIVOITC		
	Advisory Board			
10	Leadership or fiduciary role	X None		
-	in other board, society,	NNONC		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
	The state of the s			
12	Receipt of equipment,	X None		
14	materials, drugs, medical	NOILE		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
	dia interests			
Plea	Please summarize the above conflict of interest in the following box:			
D	r. Chen has nothing to disclose.			

Date:	2021/5/28
Your Name:_	LINAN WANG
Manuscript Ti	itle:COVID-19 as an opportunity to reveal the impact of large hospital expansion on the healthcare
delivery syste	em: evidence from Shanghai, China
Manuscript n	umber (if known):

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1	All support for the present	<u>X</u> None	
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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
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	any entity (if not indicated	_	
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
	meetings and/or travel				
	<i>,</i>				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
	·				
12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
13	financial interests	<u></u>			
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riea	Please summarize the above conflict of interest in the following box:				
D	Dr. Wang has nothing to disclose.				

Date:	2021/5/28
Your Name:_	Xin Cui
Manuscript T	itle:COVID-19 as an opportunity to reveal the impact of large hospital expansion on the healthcare
delivery syste	m: evidence from Shanghai, China
Manuscript n	umber (if known):

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	Lau	Time frame: Since the initial	planning of the work
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	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	<u>X</u> None	

		1			
5	Payment or honoraria for	<u>X</u> None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony				
	cestimony				
7	Support for attending	X None			
,	meetings and/or travel	<u>X</u> None			
	meetings and/or traver				
8	Patents planned, issued or	X None			
	pending				
	F				
9	Participation on a Data	X None			
9	•	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	11 Stock or stock options	<u>X</u> None			
12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
13	financial interests	<u>X</u>			
	initialitial interests				
Plea	Please summarize the above conflict of interest in the following box:				
D	Dr. Cui has nothing to disclose.				

Date:	_2021/	5/28
Your Name:_		JIAJIE XU
Manuscript 1	Title:	COVID-19 as an opportunity to reveal the impact of large hospital expansion on the healthcare
delivery syst	em: ev	idence from Shanghai, China
Manuscript r	numbe	r (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	No time mint for this item.		
		Time formation	26
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for	_XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
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0	Detents planned issued an	V. None		
8	Patents planned, issued or	XNone		
	pending			
0	Doublein stien sure Date	V. Nans		
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
10	Advisory Board	V N		
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	V None		
11	Stock or stock options	XNone		
12	Receipt of equipment,	<u>X</u> None		
	materials, drugs, medical			
	writing, gifts or other			
12	services	V Nove		
13	Other financial or non-	XNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	M.S. Xu has nothing to disclose.			

Date:	2021/5/28
Your Name:_	YINGQI XU
Manuscript T	itle:COVID-19 as an opportunity to reveal the impact of large hospital expansion on the healthcare
delivery syste	em: evidence from Shanghai, China
Manuscript n	umber (if known):

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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel X None			
lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony			
speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending X_None X_None			
manuscript writing or educational events 6 Payment for expertXNone 7 Support for attendingXNone			
educational events Payment for expertXNone testimony Support for attendingXNone			
6 Payment for expertXNone			
testimony 7 Support for attendingXNone			
7 Support for attendingXNone			
8 Patents planned, issued or X None			
pending			
9 Participation on a Data X None			
Safety Monitoring Board or			
Advisory Board			
10 Leadership or fiduciary role X None			
in other board, society,			
committee or advocacy			
group, paid or unpaid			
11 Stock or stock options XNone			
12 Receipt of equipment, X None			
materials, drugs, medical			
writing, gifts or other			
services			
13 Other financial or non- X None			
financial interests			
Please summarize the above conflict of interest in the following box:			
Dr. Xu has nothing to disclose.			

Date:	2021/5/28
Your Name:_	Zhonghao Yang
Manuscript T	itle: COVID-19 as an opportunity to reveal the impact of large hospital expansion on the healthcare
delivery syste	em: evidence from Shanghai, China
Manuscript n	umber (if known):

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	processing charges, etc.)			
	No time limit for this item.			
	No time mint for this item.			
		Time formation	26	
		Time frame: past	36 months	
2	Grants or contracts from	XNone		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	_XNone		
4	Consulting fees	<u>X</u> None		

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
		V. Name		
6	Payment for expert	XNone		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
	g ,			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or	<u>X</u>		
	Advisory Board			
10	•	X None		
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	<u>X</u> None		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
13		<u>^</u> _None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
ם	Dr. Yang has nothing to disclose.			
	5			

Date:	_2021/5/28
Your Name:_	Chunlin Jin
Manuscript T	itle: COVID-19 as an opportunity to reveal the impact of large hospital expansion on the healthcare
delivery syste	em: evidence from Shanghai, China
Manuscript n	number (if known):

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2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	_XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
		V Name		
6	Payment for expert	XNone		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
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8	Patents planned, issued or	X None		
	pending			
	Ferramag			
9	Participation on a Data	X None		
9		XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
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12	Descint of anylone at	V. None		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	<u>X</u> None		
	financial interests			
Dia-	Disease summering the charge conflict of interest in the fall-rules bear.			
riea	Please summarize the above conflict of interest in the following box:			
D	Dr. Jin has nothing to disclose.			