Date:2021.8.12	
Your Name:_ Fangyuan Tian	
Manuscript Title:_ The prevalence and risk	factors of potentially inappropriate medication use in older Chinese
inpatients with multimorbidity and polyph	parmacy: a cross-sectional study
Manuscript number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in	None	
	item #1 above).		
3	Royalties or licenses	None	
	o lii c	/ N	
4	Consulting fees	None	

5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_√None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	√ None	
11	Stock of Stock options	vNone	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

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Please place an "X" next to the following statement to indicate your agreement:

Date:2021.8.12
Your Name:Shili Liao
Manuscript Title: The prevalence and risk factors of potentially inappropriate medication use in older Chinese
inpatients with multimorbidity and polypharmacy: a cross-sectional study
Manuscript number (if known):

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	educational events		
6	Payment for expert	√None	
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	Advisory Board		
10	Leadership or fiduciary role	_√None	
	in other board, society,		
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11	Stock of Stock options	vNone	
12	Receipt of equipment,	√ None	
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	writing, gifts or other		
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13	Other financial or non-	√None	
	financial interests		

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Please place an "X" next to the following statement to indicate your agreement:

Date: 2021.8.12
Your Name:Zhaoyan Chen
Manuscript Title: The prevalence and risk factors of potentially inappropriate medication use in older Chinese
inpatients with multimorbidity and polypharmacy: a cross-sectional study
Manuscript number (if known):

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4	Consulting fees	None	

5	Payment or honoraria for	√None	
	lectures, presentations,		
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	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_√None	
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Please place an "X" next to the following statement to indicate your agreement:

Date:2021.8.12				
Your Name:Ting Xu				
Manuscript Title:_ The prevalence and risk factors of potentially inappropriate medication use in older Chinese				
inpatients with multimorbidity and polypharmacy: a cross-sectional study				
Manuscript number (if known):				

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Time frame: past 36 months				
2	Grants or contracts from any entity(if not indicated in	None		
3	item #1 above).	√ None		
3	Royalties or licenses	vNone		
4	Consulting fees	None		

5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_√None	
	in other board, society,		
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11	Stock or stock options	√ None	
11	Stock of Stock options	vNone	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical		
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13	Other financial or non- financial interests	√None	

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