

ICMJE DISCLOSURE FORM

Date: Aug. 9th, 2021

Your Name: Zhan-Miao Yi

Manuscript Title: The implementation of an FIP guidance for COVID-19: insights from a nationwide survey

Manuscript number (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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Please summarize the above conflict of interest in the following box:

None.

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

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ICMJE DISCLOSURE FORM

Date: Aug. 9th, 2021

Your Name: Zaiwei Song

Manuscript Title: The implementation of an FIP guidance for COVID-19: insights from a nationwide survey

Manuscript number (if known): _____

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Date: Aug. 9th, 2021
 Your Name: Xinya Li
 Manuscript Title: The implementation of an FIP guidance for COVID-19: insights from a nationwide survey
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Aug. 9th, 2021
 Your Name: Yang HU
 Manuscript Title: The implementation of an FIP guidance for COVID-19: insights from a nationwide survey
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Date: Aug. 9th, 2021

Your Name: Yinchu Cheng

Manuscript Title: The implementation of an FIP guidance for COVID-19: insights from a nationwide survey

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Date: Aug. 9th, 2021

Your Name: Guan-Ru Wang

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