

ICMJE DISCLOSURE FORM

Date: 01/05/2022

Your Name: Dou-Sheng Bai

Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China

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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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

None

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ICMJE DISCLOSURE FORM

Date: 01/05/2022

Your Name: Ping Geng

Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 01/05/2022

Your Name: Zheng-Dong Wang

Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China

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ICMJE DISCLOSURE FORM

Date: 01/05/2022

Your Name: Xiao-Lin Wang

Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China

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ICMJE DISCLOSURE FORM

Date: 01/05/2022

Your Name: **Gui-Rong Xu**

Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China

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ICMJE DISCLOSURE FORM

Date:01/05/2022

Your Name: Qing Ye

Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China

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Date: 01/05/2022

Your Name: **Na Guo**

Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China

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Date: 01/05/2022

Your Name: Yuan Zhao

Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China

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Date: 01/05/2022

Your Name: Chen Yang

Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China

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ICMJE DISCLOSURE FORM

Date: 01/05/2022

Your Name: **Hui Song**

Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China

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Date: 01/05/2022

Your Name: **Guo-Qing Jiang**

Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China

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Date: 01/05/2022

Your Name: Dao-Liang Xu

Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China

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