

ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Rui Liu

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

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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ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Xuejing Yu

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Xueyun Zeng

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Zheng Wang

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

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ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Danqing Zhou

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

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Date: Dec. 30, 2021

Your Name: Zhongchen Liu

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

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Date: Dec. 30, 2021

Your Name: Feng Liu

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ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Chengle Zhuang

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

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Date: Dec. 30, 2021

Your Name: Ying Zhuang

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

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ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Ji Zhang

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

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Date: Dec. 30, 2021

Your Name: Peiqin Niu

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Ben Yan

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

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.

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

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		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)
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Rui Zhi

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Jiyu Li

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Jiaoling Huang

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Dec. 30, 2021

Your Name: Huanlong Qin

Manuscript Title: Preliminary evaluation of a new initiative to centralize colorectal cancer care during the COVID-19 epidemic in Shanghai, China: a retrospective study

Manuscript number (if known): _____

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