

ICMJE DISCLOSURE FORM

Date: 26 March 2022

Your Name: Jieping Huang

Manuscript Title: Clinical characteristics of fever clinic visits during the coronavirus disease 2019 pandemic, a retrospective case-control 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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3	Royalties or licenses	None	
4	Consulting fees	None	

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7	Support for attending meetings and/or travel	<u> </u> None	
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11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
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Please summarize the above conflict of interest in the following box:

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ICMJE DISCLOSURE FORM

Date: 26 March 2022

Your Name: Jinsen Weng

Manuscript Title: Clinical characteristics of fever clinic visits during the coronavirus disease 2019 pandemic, a retrospective case-control study

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Date: 26 March 2022

Your Name: Wei Yu

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ICMJE DISCLOSURE FORM

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Your Name: Wenwei Wu

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Your Name: Rongchun Xu

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Your Name: Chen Li

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Your Name: Qing Liu

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