

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1.	Identifying Inform	nation			
1. Given Name (First Name) CHENXI		2. Surname (Last Name) Ll	3. C 12-I	Date May-2020	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name NA ZHANG		
5. Manuscript Title Chest CT study of fifteen COVID-19 patients with positive RT-PCR retest results after discharge					
6. Manuscript Ider QIMS-20-530	ntifying Number (if you kr	now it)			
			-		
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Dr. LI has nothing to disclose.

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1. Given Name (First Name) LIQIU		2. Surname (Last Name) XIE	3. Date 12-May-2020		
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name NA ZHANG		
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1. Given Name (First Name) YUEQIN		2. Surname (Last Name) GAO		3. Date 12-May-2020	
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Nam NA ZHANG	ne	
5. Manuscript Title Chest CT study of fifteen COVID-19 patients with positive RT-PCR retest results after discharge				2	
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1. Given Name (First Name) NA	2. Surname (Last Name) ZHANG	3. Date 12-May-2020			
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title Chest CT study of fifteen COVID-19 p	5. Manuscript Title Chest CT study of fifteen COVID-19 patients with positive RT-PCR retest results after discharge				
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