

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Jian	2. Surname (Last Name) ding	3. Date 13-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianbing Ma
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1. Given Name (First Name) Weiqiang	2. Surname (Last Name) Zhang	3. Date 13-August-2020
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1. Given Name (First Name) Lizhang	2. Surname (Last Name) Wang	3. Date 13-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianbing Ma
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Jianbing

2. Surname (Last Name)
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3. Date
13-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
QIMS-20-301

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Ma has nothing to disclose.

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