

## ICMJE DISCLOSURE FORM

Date: 2022/07/27

Your Name: Fang-Fang Cheng

Manuscript Title: Clinical Characteristics of 68 Children with Atypical Hand, Foot, and Mouth Disease Caused by Coxsackievirus A6: A Single-Center Retrospective Analysis

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

None
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**Please place an "X" next to the following statement to indicate your agreement:**

**X 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: 2022/07/27

Your Name: Bing-Bing Zhang

Manuscript Title: Clinical Characteristics of 68 Children with Atypical Hand, Foot, and Mouth Disease Caused by Coxsackievirus A6: A Single-Center Retrospective Analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/07/27

Your Name: Meng-Lu Cao

Manuscript Title: Clinical Characteristics of 68 Children with Atypical Hand, Foot, and Mouth Disease Caused by Coxsackievirus A6: A Single-Center Retrospective Analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/07/27

Your Name: Qian Zhang

Manuscript Title: Clinical Characteristics of 68 Children with Atypical Hand, Foot, and Mouth Disease Caused by Coxsackievirus A6: A Single-Center Retrospective Analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/07/27

Your Name: Qing-Hui Chen

Manuscript Title: Clinical Characteristics of 68 Children with Atypical Hand, Foot, and Mouth Disease Caused by Coxsackievirus A6: A Single-Center Retrospective Analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/07/27

Your Name: Zhao-Fang Hui

Manuscript Title: Clinical Characteristics of 68 Children with Atypical Hand, Foot, and Mouth Disease Caused by Coxsackievirus A6: A Single-Center Retrospective Analysis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/07/27

Your Name: Jian-Mei Tian

Manuscript Title: Clinical Characteristics of 68 Children with Atypical Hand, Foot, and Mouth Disease Caused by Coxsackievirus A6: A Single-Center Retrospective Analysis

Manuscript number (if known): \_\_\_\_\_

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Date: 2022/07/27

Your Name: Wen-Hua Yan

Manuscript Title: Clinical Characteristics of 68 Children with Atypical Hand, Foot, and Mouth Disease Caused by Coxsackievirus A6: A Single-Center Retrospective Analysis

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