

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Yingzi

2. Surname (Last Name)

Ye

3. Date

01-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Xiaobo Zhang

5. Manuscript Title

Point-of-care training program on COVID-19 infection prevention and control for pediatric healthcare workers: a multicenter, cross-sectional questionnaire survey in Shanghai, China

6. Manuscript Identifying Number (if you know it)

TP-20-247-R1

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Dr. Ye has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Peng	2. Surname (Last Name) Shi	3. Date 01-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaobo Zhang
5. Manuscript Title Point-of-care training program on COVID-19 infection prevention and control for pediatric healthcare workers: a multicenter, cross-sectional questionnaire survey in Shanghai, China		
6. Manuscript Identifying Number (if you know it) TP-20-247-R1		

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1. Given Name (First Name) Yonghao	2. Surname (Last Name) Gui	3. Date 01-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaobo Zhang
5. Manuscript Title Point-of-care training program on COVID-19 infection prevention and control for pediatric healthcare workers: a multicenter, cross-sectional questionnaire survey in Shanghai, China		
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Dr. Gui has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Albert M.

2. Surname (Last Name)

Li

3. Date

01-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Xiaobo Zhang

5. Manuscript Title

Point-of-care training program on COVID-19 infection prevention and control for pediatric healthcare workers: a multicenter, cross-sectional questionnaire survey in Shanghai, China

6. Manuscript Identifying Number (if you know it)

TP-20-247-R1

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Dr. Li has nothing to disclose.

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Guoying

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Huang

3. Date

01-November-2020

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Yes

No

Corresponding Author's Name

Xiaobo Zhang

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Dr. Huang has nothing to disclose.

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#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Hong

2. Surname (Last Name)

Xu

3. Date

01-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Xiaobo Zhang

5. Manuscript Title

Point-of-care training program on COVID-19 infection prevention and control for pediatric healthcare workers: a multicenter, cross-sectional questionnaire survey in Shanghai, China

6. Manuscript Identifying Number (if you know it)

TP-20-247-R1

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Xu has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Quan

2. Surname (Last Name)

Lu

3. Date

01-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Xiaobo Zhang

5. Manuscript Title

Point-of-care training program on COVID-19 infection prevention and control for pediatric healthcare workers: a multicenter, cross-sectional questionnaire survey in Shanghai, China

6. Manuscript Identifying Number (if you know it)

TP-20-247-R1

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jianguo	2. Surname (Last Name) Hong	3. Date 01-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaobo Zhang
5. Manuscript Title Point-of-care training program on COVID-19 infection prevention and control for pediatric healthcare workers: a multicenter, cross-sectional questionnaire survey in Shanghai, China		
6. Manuscript Identifying Number (if you know it) TP-20-247-R1		

### Section 2. The Work Under Consideration for Publication

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Dr. Hong has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ying

2. Surname (Last Name)

Gu

3. Date

01-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xiaobo Zhang

5. Manuscript Title

Point-of-care training program on COVID-19 infection prevention and control for pediatric healthcare workers: a multicenter, cross-sectional questionnaire survey in Shanghai, China

6. Manuscript Identifying Number (if you know it)

TP-20-247-R1

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes

No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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No

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Dr. Gu has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xiaojing	2. Surname (Last Name) Hu	3. Date 01-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaobo Zhang
5. Manuscript Title Point-of-care training program on COVID-19 infection prevention and control for pediatric healthcare workers: a multicenter, cross-sectional questionnaire survey in Shanghai, China		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Gongbao	2. Surname (Last Name) Liu	3. Date 01-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaobo Zhang
5. Manuscript Title Point-of-care training program on COVID-19 infection prevention and control for pediatric healthcare workers: a multicenter, cross-sectional questionnaire survey in Shanghai, China		
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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Liu has nothing to disclose.

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Chuanqing

2. Surname (Last Name)

Wang

3. Date

01-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xiaobo Zhang

5. Manuscript Title

Point-of-care training program on COVID-19 infection prevention and control for pediatric healthcare workers: a multicenter, cross-sectional questionnaire survey in Shanghai, China

6. Manuscript Identifying Number (if you know it)

TP-20-247-R1

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Are there any relevant conflicts of interest?

Yes

No

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No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Qin

2. Surname (Last Name)

Huang

3. Date

01-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xiaobo Zhang

5. Manuscript Title

Point-of-care training program on COVID-19 infection prevention and control for pediatric healthcare workers: a multicenter, cross-sectional questionnaire survey in Shanghai, China

6. Manuscript Identifying Number (if you know it)

TP-20-247-R1

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Are there any relevant conflicts of interest?

Yes

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### Section 1. Identifying Information

1. Given Name (First Name)

Xiaobo

2. Surname (Last Name)

Zhang

3. Date

01-November-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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