

## ICMJE DISCLOSURE FORM

Date: 2022/9/21

Your Name: Jiahua Lin

Manuscript Title: Epidemiology, diagnosis and treatment of early COVID-19 patients in Jiaying City

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None

**Please place an "X" next to the following statement to indicate your agreement:**

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: \_\_\_\_\_ 2022/9/21 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Peng Shen \_\_\_\_\_  
 Manuscript Title: \_\_\_ Epidemiology, diagnosis and treatment of early COVID-19 patients in Jiaying City \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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Date: \_\_\_\_\_ 2022/9/21 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Yingqing Zhang \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Epidemiology, diagnosis and treatment of early COVID-19 patients in Jiaxing City \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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Date: \_\_\_\_\_ 2022/9/21 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Xiaodong Lv \_\_\_\_\_  
 Manuscript Title: \_\_\_ Epidemiology, diagnosis and treatment of early COVID-19 patients in Jiaying City \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/9/21  
 Your Name: Ming Deng  
 Manuscript Title: Epidemiology, diagnosis and treatment of early COVID-19 patients in Jiaying City  
 Manuscript number (if known): \_\_\_\_\_

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 Your Name: \_\_\_\_\_ Lingyan Shen \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Epidemiology, diagnosis and treatment of early COVID-19 patients in Jiaying City \_\_\_\_\_  
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 Your Name: \_\_\_\_\_ Wenyu Chen \_\_\_\_\_  
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