

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Yueping	2. Surname (Last Name) Liu	3. Date 09-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Diao
5. Manuscript Title Morphological Changes of Lymphocytes in Peripheral Blood Smears of Patients with COVID-19		
6. Manuscript Identifying Number (if you know it) APM-20-558		

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Section 1. Identifying Information

1. Given Name (First Name)
Ying

2. Surname (Last Name)
Liu

3. Date
09-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bo Diao

5. Manuscript Title
Morphological Changes of Lymphocytes in Peripheral Blood Smears of Patients with COVID-19

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Qianchuan	2. Surname (Last Name) Huang	3. Date 09-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Diao
5. Manuscript Title Morphological Changes of Lymphocytes in Peripheral Blood Smears of Patients with COVID-19		
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Bo

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Diao

3. Date
09-July-2020

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