

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shaofang	2. Surname (Last Name) XU	3. Date 24-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Aiping JIN, Min FANG
5. Manuscript Title Multidimensional Intervention in Individuals with Mild Cognitive Impairment: A Pilot Study		
6. Manuscript Identifying Number (if you know it) APM-20-346		

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)

Guilin

2. Surname (Last Name)

MENG

3. Date

24-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Aiping JIN, Min FANG

5. Manuscript Title

Multidimensional Intervention in Individuals with Mild Cognitive Impairment: A Pilot Study

6. Manuscript Identifying Number (if you know it)

APM-20-346

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Yes

No

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Yes

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Dr. MENG has nothing to disclose.

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Pengfei

2. Surname (Last Name)
CHEN

3. Date
24-July-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Aiping JIN, Min FANG

5. Manuscript Title
Multidimensional Intervention in Individuals with Mild Cognitive Impairment: A Pilot Study

6. Manuscript Identifying Number (if you know it)
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24-July-2020

4. Are you the corresponding author?

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5. Manuscript Title

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JIN

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