

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Jing	2. Surname (Last Name) An	3. Date 02-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Fuqiang Wen
5. Manuscript Title Relationships of psychological factors with daily life and quality of life in patients with chronic obstructive pulmonary disease in Chinese rural population		
6. Manuscript Identifying Number (if you know it) APM-20-1151		

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Dr. An has nothing to disclose.

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1. Given Name (First Name) Ting	2. Surname (Last Name) Yang	3. Date 02-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Fuqiang Wen
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1. Given Name (First Name) Changling	2. Surname (Last Name) Duan	3. Date 01-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Fuqiang Wen
5. Manuscript Title Relationships of psychological factors with daily life and quality of life in patients with chronic obstructive pulmonary disease in Chinese rural population		
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1. Given Name (First Name) Chenyi	2. Surname (Last Name) Bao	3. Date 04-September-2020
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1. Given Name (First Name) Chun	2. Surname (Last Name) Wan	3. Date 02-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Fuqiang Wen
5. Manuscript Title Relationships of psychological factors with daily life and quality of life in patients with chronic obstructive pulmonary disease in Chinese rural population		
6. Manuscript Identifying Number (if you know it) APM-20-1151		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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1. Identifying information.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Yongchun	2. Surname (Last Name) Shen	3. Date 03-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Fuqiang Wen
5. Manuscript Title Relationships of psychological factors with daily life and quality of life in patients with chronic obstructive pulmonary disease in Chinese rural population		
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Section 1. Identifying Information

1. Given Name (First Name)

Fuqiang

2. Surname (Last Name)

Wen

3. Date

03-September-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Relationships of psychological factors with daily life and quality of life in patients with chronic obstructive pulmonary disease in Chinese rural population

6. Manuscript Identifying Number (if you know it)

APM-20-1151

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