

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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4. Intellectual Property.

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) Zhaohong	2. Surname (Last Name) Kong	3. Date 02-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiang Zhu
5. Manuscript Title Pain characteristics in amyotrophic lateral sclerosis patients and its impact on quality of life: a prospective observational study in a northern city of China		
6. Manuscript Identifying Number (if you know it) APM-20-864		

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.)?

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Shaanxi Administration of Traditional Chinese Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LCMS022
Wu Jieping Medical Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	320.6750.19092-23

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name) Peng 2. Surname (Last Name) Chen 3. Date 04-September-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jiang Zhu

5. Manuscript Title
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1. Given Name (First Name) Jian 2. Surname (Last Name) Jiang 3. Date 03-September-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jiang Zhu

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1. Given Name (First Name) Xiaoyun 2. Surname (Last Name) Wang 3. Date 03-September-2020

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Jiang Zhu

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4. Intellectual Property.

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

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yanghong	2. Surname (Last Name) Shi	3. Date 03-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiang Zhu
5. Manuscript Title Pain characteristics in amyotrophic lateral sclerosis patients and its impact on quality of life: a prospective observational study in a northern city of China		
6. Manuscript Identifying Number (if you know it) APM-20-864		

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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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Shaanxi Administration of Traditional Chinese Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LCMS022
Wu Jieping Medical Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	320.6750.19092-23

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. Shi reports grants from Shaanxi Administration of Traditional Chinese Medicine, grants from Wu Jieping Medical Foundation, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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1. Given Name (First Name) Bin 2. Surname (Last Name) Zhao 3. Date 03-September-2020

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Jiang Zhu

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Jiang

2. Surname (Last Name) _____
Zhu

3. Date _____
02-September-2020

4. Are you the corresponding author? Yes No

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