

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shuanghong	2. Surname (Last Name) Zhang	3. Date 31-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaohui Jia
5. Manuscript Title Effectiveness of using hydrocolloid dressing combined with 3M Cavilon No-Sting Barrier Film to prevent facial pressure injury on medical staff in a COVID-19 designated hospital in China: a self-controlled study		
6. Manuscript Identifying Number (if you know it) APM-20-1615		

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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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Section 6. Disclosure Statement

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Dr. Zhang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Shidong	2. Surname (Last Name) Hu	3. Date 31-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaohui Jia
5. Manuscript Title Effectiveness of using hydrocolloid dressing combined with 3M Cavilon No-Sting Barrier Film to prevent facial pressure injury on medical staff in a COVID-19 designated hospital in China: a self-controlled study		
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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)

Hezhen

2. Surname (Last Name)

Chen

3. Date

31-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xiaohui Jia

5. Manuscript Title

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Xiaohui

2. Surname (Last Name)

Jia

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31-August-2020

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Yes No

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