

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Hai	2. Surname (Last Name) Zhang	3. Date 23-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Liyan Jiang & Yan Pan
5. Manuscript Title Cognitive status of nurses in Shanghai on pulmonary rehabilitation		
6. Manuscript Identifying Number (if you know it) APM-21-190		

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Section 1. Identifying Information

1. Given Name (First Name) Yun	2. Surname (Last Name) Song	3. Date 23-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Liyan Jiang & Yan Pan
5. Manuscript Title Cognitive status of nurses in Shanghai on pulmonary rehabilitation		
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Section 1. Identifying Information

1. Given Name (First Name) Xiaowei	2. Surname (Last Name) Mao	3. Date 23-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Liyan Jiang & Yan Pan
5. Manuscript Title Cognitive status of nurses in Shanghai on pulmonary rehabilitation		
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1. Given Name (First Name)

Yan

2. Surname (Last Name)

Pan

3. Date

23-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

APM-21-190

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5. Manuscript Title
Cognitive status of nurses in Shanghai on pulmonary rehabilitation

6. Manuscript Identifying Number (if you know it)
APM-21-190

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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