

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) Xin	2. Surname (Last Name) Feng	3. Date 11-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wenming Feng
5. Manuscript Title The effect of the integrated delivery system on managing hypertension in rural areas of China		
6. Manuscript Identifying Number (if you know it) APM-20-2490		

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Wenming

2. Surname (Last Name)
Feng

3. Date
11-December-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Zhen

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Wang

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Corresponding Author's Name

Wenming Feng

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Section 1. Identifying Information

1. Given Name (First Name) Bing	2. Surname (Last Name) Wang	3. Date 11-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wenming Feng
5. Manuscript Title The effect of the integrated delivery system on managing hypertension in rural areas of China		
6. Manuscript Identifying Number (if you know it) APM-20-2490		

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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Dr. Wang has nothing to disclose.

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