

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

XIAOLEI

2. Surname (Last Name)

CHEN

3. Date

26-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yinghua Cai

5. Manuscript Title

Effect of peer support on improving self-management ability in peritoneal dialysis patients

6. Manuscript Identifying Number (if you know it)

APM-21-219

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Dr. CHEN has nothing to disclose.

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LINGHONG

2. Surname (Last Name)
HUA

3. Date
26-January-2021

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Yes No

Corresponding Author's Name
Yinghua Cai

5. Manuscript Title
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1. Given Name (First Name) CEN	2. Surname (Last Name) ZHANG	3. Date 26-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yinghua Cai
5. Manuscript Title Effect of peer support on improving self-management ability in peritoneal dialysis patients		
6. Manuscript Identifying Number (if you know it) APM-21-219		

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ZHENGHONG

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XU

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Corresponding Author's Name
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1. Given Name (First Name)
YINGHUA

2. Surname (Last Name)
CAI

3. Date
26-January-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effect of peer support on improving self-management ability in peritoneal dialysis patients

6. Manuscript Identifying Number (if you know it)
APM-21-219

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

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