

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1.

Identifying Information

1. Given Name (First Name)

Chuanfeng

2. Surname (Last Name)

Tang

3. Date

25-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Lingdong Kong

5. Manuscript Title

COVID-19: Magnesium isoglycyrrhizinate as a potential adjuvant treatment

6. Manuscript Identifying Number (if you know it)

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Dr. Tang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hong	2. Surname (Last Name) Ding	3. Date 25-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lingdong Kong
5. Manuscript Title COVID-19: Magnesium isoglycyrrhizinate as a potential adjuvant treatment		
6. Manuscript Identifying Number (if you know it) _____		

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1. Given Name (First Name) Yang	2. Surname (Last Name) Sun	3. Date 25-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lingdong Kong
5. Manuscript Title COVID-19: Magnesium isoglycyrrhizinate as a potential adjuvant treatment		
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