

## ICMJE DISCLOSURE FORM

Date: June 3rd, 2021

Your Name: Xiaoxiao Li

Manuscript Title: Establishment of an effective nursing team against COVID-19—a COVID-19 treatment center experience

Manuscript number (if known): APM-21-1255

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<b>Time frame: past 36 months</b>			
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4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	

**Please summarize the above conflict of interest in the following box:**

*All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare.*

**Please place an "X" next to the following statement to indicate your agreement:**

**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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