

## ICMJE DISCLOSURE FORM

Date: 2021/6/15

Your Name: Li-Li Zhan

Manuscript Title: Clinical features of COVID-19 in cancer patients within Wuhan, China

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_ None	
3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> X <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input checked="" type="checkbox"/> None	

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

none

**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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Date: 2021/6/15

Your Name: Yang Liu

Manuscript Title: Clinical features of COVID-19 in cancer patients within Wuhan, China

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## ICMJE DISCLOSURE FORM

Date: 2021/6/15

Your Name: Bi-Cheng Zhang

Manuscript Title: Clinical features of COVID-19 in cancer patients within Wuhan, China

Manuscript number (if known):

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## ICMJE DISCLOSURE FORM

Date: 2021/6/15

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Manuscript Title: Clinical features of COVID-19 in cancer patients within Wuhan, China

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## ICMJE DISCLOSURE FORM

Date: 2021/6/15

Your Name: Li Zhang

Manuscript Title: Clinical features of COVID-19 in cancer patients within Wuhan, China

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Date: 2021/6/15

Your Name: Hua Liu

Manuscript Title: Clinical features of COVID-19 in cancer patients within Wuhan, China

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Date: 2021/6/15

Your Name: Jing Yang

Manuscript Title: Clinical features of COVID-19 in cancer patients within Wuhan, China

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## ICMJE DISCLOSURE FORM

Date: 2021/6/15

Your Name: Yan-Xiang Cheng

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