Date: <u>2021.06.30</u>
Your Name: <u>Ying Gao</u>
Manuscript Title: <u>Issues related to the health status, work pressure and occupational environments of medical staff at</u>
level A tertiary public hospitals in Shanghai
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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with	Specifications/Comments
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		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present		2020 Party Building-Ideological and Political Research
	manuscript (e.g., funding,		Project, School of Medicine, Shanghai Jiaotong
	provision of study materials,		University (DJ2035)
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	√ None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	√ None	
Ŭ	testimony		
7	Support for attending meetings and/or travel	None	
	U		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	√ None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	-		
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

Dr. Gao reports receiving funding support from 2020 Party Building-Ideological and Political Research Project, School of Medicine, Shanghai Jiaotong University (DJ2035).

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

Date: <u>2021.06.30</u>
Your Name:Chao Liu
Manuscript Title: Issues related to the health status, work pressure and occupational environments of medical staff at
level A tertiary public hospitals in Shanghai
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 <u>current</u> <u>manuscript only</u>.

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		Time frame: past	36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	√ None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	√ None	
Ŭ	testimony		
7	Support for attending meetings and/or travel	None	
	U		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	√ None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	-		
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

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

Date: <u>2021.06.30</u>
Your Name: Xiaojie Fan
Manuscript Title:_ Issues related to the health status, work pressure and occupational environments of medical staff a
level A tertiary public hospitals in Shanghai
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 <u>current</u> <u>manuscript only</u>.

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3	Royalties or licenses	None	

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5	Payment or honoraria for	√ None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	√ None	
Ŭ	testimony		
7	Support for attending meetings and/or travel	None	
	U		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	√ None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	-		
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

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

Date: <u>2021.06.30</u>
Your Name: <u>Meng Wu</u>
Manuscript Title: Issues related to the health status, work pressure and occupational environments of medical staff at
level A tertiary public hospitals in Shanghai
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 <u>current</u> <u>manuscript only</u>.

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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√ None	

4	Consulting fees	None	
5	Payment or honoraria for	√ None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	√ None	
Ŭ	testimony		
7	Support for attending meetings and/or travel	None	
	U		
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	√ None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	-		
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		

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

Date: <u>2021.06.30</u>
Your Name:Yifeng Jiang
Manuscript Title:_ Issues related to the health status, work pressure and occupational environments of medical staff at
level A tertiary public hospitals in Shanghai
Manuscript number (if known):

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	provision of study materials,		University (DJ2035)			
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
	Time frame: past 36 months					
2	Grants or contracts from	√None				
	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	None				

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	√None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	√None	
8	Patents planned, issued or pending	√None	
	pending		
9	Participation on a Data	√None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical	<u> </u>	
	writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

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