

## ICMJE DISCLOSURE FORM

Date: Sep. 6<sup>th</sup>, 2021

Your Name: Peipei Du

Manuscript Title: Did patients with COVID-19 receive timely treatment in the early epidemic? A systematic review and meta-analysis

Manuscript number (if known): APM-21-1975

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.

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13	Other financial or non-financial interests	<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:

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

## ICMJE DISCLOSURE FORM

Date: Sep. 6<sup>th</sup>, 2021

Your Name: Weixiang Chen

Manuscript Title: Did patients with COVID-19 receive timely treatment in the early epidemic? A systematic review and meta-analysis

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## ICMJE DISCLOSURE FORM

Date: Sep. 6<sup>th</sup>, 2021

Your Name: Xufei Luo

Manuscript Title: Did patients with COVID-19 receive timely treatment in the early epidemic? A systematic review and meta-analysis

Manuscript number (if known): APM-21-1975

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## ICMJE DISCLOSURE FORM

Date: Sep. 6<sup>th</sup>, 2021

Your Name: Yaolong Chen

Manuscript Title: Did patients with COVID-19 receive timely treatment in the early epidemic? A systematic review and meta-analysis

Manuscript number (if known): APM-21-1975

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## ICMJE DISCLOSURE FORM

Date: Sep. 6<sup>th</sup>, 2021

Your Name: Qianling Shi

Manuscript Title: Did patients with COVID-19 receive timely treatment in the early epidemic? A systematic review and meta-analysis

Manuscript number (if known): APM-21-1975

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## ICMJE DISCLOSURE FORM

Date: Sep. 6<sup>th</sup>, 2021

Your Name: Meng Lv

Manuscript Title: Did patients with COVID-19 receive timely treatment in the early epidemic? A systematic review and meta-analysis

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## ICMJE DISCLOSURE FORM

Date: Sep. 6<sup>th</sup>, 2021

Your Name: Jie Wang

Manuscript Title: Did patients with COVID-19 receive timely treatment in the early epidemic? A systematic review and meta-analysis

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## ICMJE DISCLOSURE FORM

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Your Name: Xiaofeng Ma

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## ICMJE DISCLOSURE FORM

Date: Sep. 6<sup>th</sup>, 2021

Your Name: Tianying Yang

Manuscript Title: Did patients with COVID-19 receive timely treatment in the early epidemic? A systematic review and meta-analysis

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Date: Sep. 6<sup>th</sup>, 2021

Your Name: Shuya Lu

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<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:**

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

## ICMJE DISCLOSURE FORM

Date: Sep. 6<sup>th</sup>, 2021

Your Name: Tingting Li

Manuscript Title: Did patients with COVID-19 receive timely treatment in the early epidemic? A systematic review and meta-analysis

Manuscript number (if known): APM-21-1975

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.

The author's relationships/activities/interests should be defined broadly. 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.

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## ICMJE DISCLOSURE FORM

Date: Sep. 6<sup>th</sup>, 2021

Your Name: Xiaokun Yang

Manuscript Title: Did patients with COVID-19 receive timely treatment in the early epidemic? A systematic review and meta-analysis

Manuscript number (if known): APM-21-1975

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## ICMJE DISCLOSURE FORM

Date: Sep. 6<sup>th</sup>, 2021

Your Name: Shu Yang

Manuscript Title: Did patients with COVID-19 receive timely treatment in the early epidemic? A systematic review and meta-analysis

Manuscript number (if known): APM-21-1975

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## ICMJE DISCLOSURE FORM

Date: Sep. 6<sup>th</sup>, 2021

Your Name: Xixi Feng

Manuscript Title: Did patients with COVID-19 receive timely treatment in the early epidemic? A systematic review and meta-analysis

Manuscript number (if known): APM-21-1975

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