

ICMJE DISCLOSURE FORM

Date: Oct. 20th, 2021

Your Name: Xiaofeng Lin

Manuscript Title: Mapping global research trends in diabetes and COVID-19 outbreak in the past year: a bibliometric analysis

Manuscript number (if known): APM-21-2636

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus,	<input checked="" type="checkbox"/> None	

	manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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.

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Date: Oct. 20th, 2021

Your Name: Peisheng Chen

Manuscript Title: Mapping global research trends in diabetes and COVID-19 outbreak in the past year: a bibliometric analysis

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> [funding] Natural Science Foundation of Fujian Province	(No. 2020J011186) to Peisheng Chen
		<input checked="" type="checkbox"/> [funding] Science and Technology Planning Project of Fuzhou	(No. 2020-WS-87) to Peisheng Chen
Time frame: past 36 months			
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	<input checked="" type="checkbox"/> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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Date: Oct. 20th, 2021

Your Name: Fengfei Lin

Manuscript Title: Mapping global research trends in diabetes and COVID-19 outbreak in the past year: a bibliometric analysis

Manuscript number (if known): APM-21-2636

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		<input type="checkbox"/> <u>X</u> [funding] Project of Fujian Provincial Clinical Medical Research Center for First Aid and Rehabilitation in Orthopaedic Trauma	(2021) to Fengfei Lin
		<input type="checkbox"/> <u>X</u> [funding] Project of Fuzhou Trauma Medical Center	(No. 2018080303) to Fengfei Lin
Time frame: past 36 months			
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3	Royalties or licenses	<input type="checkbox"/> <u>X</u> None	

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