

ICMJE DISCLOSURE FORM

Date: December 13, 2021

Your Name: Zhiping Xu

Manuscript Title: Preliminary study of the effect of outpatient oxygen therapy on patients with chronic respiratory insufficiency receiving home oxygen therapy

Manuscript number (if known): None

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

The author has no conflicts of interest to declare.

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

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Date: December 13, 2021

Your Name: Lingxia Zhu

Manuscript Title: Preliminary study of the effect of outpatient oxygen therapy on patients with chronic respiratory insufficiency receiving home oxygen therapy

Manuscript number (if known): None

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ICMJJE DISCLOSURE FORM

Date: December 13, 2021

Your Name: Xinfa Xu

Manuscript Title: Preliminary study of the effect of outpatient oxygen therapy on patients with chronic respiratory insufficiency receiving home oxygen therapy

Manuscript number (if known): None

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Date: December 13, 2021

Your Name: Lan Zhu

Manuscript Title: Preliminary study of the effect of outpatient oxygen therapy on patients with chronic respiratory insufficiency receiving home oxygen therapy

Manuscript number (if known): None

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Date: December 13, 2021

Your Name: Hui Feng

Manuscript Title: Preliminary study of the effect of outpatient oxygen therapy on patients with chronic respiratory insufficiency receiving home oxygen therapy

Manuscript number (if known): None

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Date: December 13, 2021

Your Name: Aixia Zhu

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