

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yuetian	2. Surname (Last Name) Yu	3. Date 20-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Erzhen Chen
5. Manuscript Title Emergency preparedness for COVID-19: experience from one district general hospital in Wuhan		
6. Manuscript Identifying Number (if you know it) JECCM-20-97		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Yu has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name) Chunhui	2. Surname (Last Name) Xu	3. Date 20-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Erzhen Chen
5. Manuscript Title Emergency preparedness for COVID-19: experience from one district general hospital in Wuhan		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Xu has nothing to disclose.

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1. Given Name (First Name) Cheng	2. Surname (Last Name) Zhu	3. Date 20-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Erzhen Chen
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1. Given Name (First Name) Qingyun	2. Surname (Last Name) Li	3. Date 20-August-2020
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Section 1.

Identifying Information

1. Given Name (First Name)

Erzhen

2. Surname (Last Name)

Chen

3. Date

20-August-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Emergency preparedness for COVID-19: experience from one district general hospital in Wuhan

6. Manuscript Identifying Number (if you know it)

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