

## 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)

Zhi-Qi

2. Surname (Last Name)

Wu

3. Date

01-April-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Hua-Guo Xu

5. Manuscript Title

Demographic characteristics of newly diagnosed HIV-seropositive patients: a single-center retrospective analysis

6. Manuscript Identifying Number (if you know it)

JLPM-18-206

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Wu has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xiang	2. Surname (Last Name) Zhang	3. Date 01-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hua-Guo Xu
5. Manuscript Title Demographic characteristics of newly diagnosed HIV-seropositive patients: a single-center retrospective analysis		
6. Manuscript Identifying Number (if you know it) JLPM-18-206		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Zhang has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Hemant

2. Surname (Last Name)  
Goyal

3. Date  
01-April-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Hua-Guo Xu

5. Manuscript Title  
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Hua-Guo

2. Surname (Last Name)  
Xu

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01-April-2019

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