

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) Ying	2. Surname (Last Name) Zhang	3. Date 29-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiu Xu
5. Manuscript Title Skill Training for Parents with ASD Children in China		
6. Manuscript Identifying Number (if you know it) PM-19-30		

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. Zhang has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Qiong	2. Surname (Last Name) Xu	3. Date 29-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiu Xu
5. Manuscript Title Skill Training for Parents with ASD Children in China		
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Xiu

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Xu

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