

## ICMJE DISCLOSURE FORM

Date: Jun. 14<sup>th</sup>, 2021

Your Name: Shengyu Hao

Manuscript Title: Respiratory physicians' awareness and referral of pulmonary rehabilitation in China: a cross-sectional study

Manuscript number (if known): JTD-20-2587

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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**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:**

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## ICMJE DISCLOSURE FORM

Date: Jun. 14<sup>th</sup>, 2021

Your Name: Liang Xie

Manuscript Title: Respiratory physicians' awareness and referral of pulmonary rehabilitation in China: a cross-sectional study

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## ICMJE DISCLOSURE FORM

Date: Jun. 14<sup>th</sup>, 2021

Your Name: Houhui Wang

Manuscript Title: Respiratory physicians' awareness and referral of pulmonary rehabilitation in China: a cross-sectional study

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## ICMJE DISCLOSURE FORM

Date: Jun. 14<sup>th</sup>, 2021

Your Name: Qinhan Wu

Manuscript Title: Respiratory physicians' awareness and referral of pulmonary rehabilitation in China: a cross-sectional study

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## ICMJE DISCLOSURE FORM

Date: Jun. 14<sup>th</sup>, 2021

Your Name: Pan Jiang

Manuscript Title: Respiratory physicians' awareness and referral of pulmonary rehabilitation in China: a cross-sectional study

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## ICMJE DISCLOSURE FORM

Date: Jun. 14<sup>th</sup>, 2021

Your Name: Chengyao Guo

Manuscript Title: Respiratory physicians' awareness and referral of pulmonary rehabilitation in China: a cross-sectional study

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Your Name: Weiping Hu

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Date: Jun. 14<sup>th</sup>, 2021

Your Name: Guiling Xiang

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Date: Jun. 14<sup>th</sup>, 2021

Your Name: Zilong Liu

Manuscript Title: Respiratory physicians' awareness and referral of pulmonary rehabilitation in China: a cross-sectional study

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Date: Jun. 14<sup>th</sup>, 2021

Your Name: Shanqun Li

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
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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.