

ICMJE DISCLOSURE FORM

Date: April 28, 2021

Your Name: Zhoulin Chang

Manuscript Title: Application of Artificial Intelligence in Covid-19 Medical Area: a literature review

Manuscript number (if known): _____

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:

I have no conflicts of interest to declare.

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

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Date: April 28, 2021
 Your Name: Zhiqing Zhan
 Manuscript Title: Application of Artificial Intelligence in Covid-19 Medical Area: a literature review
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Date: April 28, 2021
 Your Name: Yang Liu
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Date: April 28, 2021
 Your Name: Lei Zhao
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