

## ICMJE DISCLOSURE FORM

Date: 27-February-2024

Your Name: Liansheng Xu

Manuscript Title: Relationship of various COVID-19 antibody titer with individual characteristics and prediction of future epidemic trend in Xiamen City, China

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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## ICMJE DISCLOSURE FORM

Date: 27-February-2024

Your Name: Buasiyamu Abudunaibi

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Your Name: Zhiqi Zeng

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Your Name: Yao Wang

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Date: 27-February-2024

Your Name: Xiaohao Guo

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Date: 27-February-2024

Your Name: Tao Li

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Your Name: Wenkui Lu

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

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## ICMJE DISCLOSURE FORM

Date: 27-February-2024

Your Name: Chenghao Su

Manuscript Title: Relationship of various COVID-19 antibody titer with individual characteristics and prediction of future epidemic trend in Xiamen City, China

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 27-February-2024

Your Name: Tianmu Chen

Manuscript Title: Relationship of various COVID-19 antibody titer with individual characteristics and prediction of future epidemic trend in Xiamen City, China

Manuscript number (if known): \_\_\_\_\_

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