

ICMJE DISCLOSURE FORM

Date: 09/04/2024

Your Name: Xiaxia Wu

Manuscript Title: The quality of life of patients with chronic obstructive pulmonary disease: a bibliometric analysis

Manuscript number (if known): JTD-24-591

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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		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)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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Date: 09/04/2024

Your Name: Zhongyang Liu

Manuscript Title: The quality of life of patients with chronic obstructive pulmonary disease: a bibliometric analysis

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Date: 09/04/2024

Your Name: Chenpan Xu

Manuscript Title: The quality of life of patients with chronic obstructive pulmonary disease: a bibliometric analysis

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Date: 09/04/2024

Your Name: Till Plönes

Manuscript Title: The quality of life of patients with chronic obstructive pulmonary disease: a bibliometric analysis

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Your Name: Hong Wang

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