

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pang-Yen	2. Surname (Last Name) Chen	3. Date 19-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wen-Han Chang
5. Manuscript Title The potential risk of sick building syndrome of the emergency department areas in a medical center in Taiwan		
6. Manuscript Identifying Number (if you know it) HT-2018-01		

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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Are there any relevant conflicts of interest? Yes No

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Dr. Chen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lu-Chih

2. Surname (Last Name)

Kung

3. Date

19-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Wen-Han Chang

5. Manuscript Title

The potential risk of sick building syndrome of the emergency department areas in a medical center in Taiwan

6. Manuscript Identifying Number (if you know it)

HT-2018-01

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Dr. Kung has nothing to disclose.

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1. Given Name (First Name) Weide	2. Surname (Last Name) Tsai	3. Date 19-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wen-Han Chang
5. Manuscript Title The potential risk of sick building syndrome of the emergency department areas in a medical center in Taiwan		
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1. Given Name (First Name) Ding-Kuo	2. Surname (Last Name) Chien	3. Date 19-June-2020
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Wen-Han

2. Surname (Last Name)

Chang

3. Date

19-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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