

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Fei

2. Surname (Last Name)
Xie

3. Date
01-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yifeng Xu

5. Manuscript Title
Development of mental health alliances in China (2017 Edition)

6. Manuscript Identifying Number (if you know it)

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Dr. Xie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yong	2. Surname (Last Name) Wang	3. Date 01-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yifeng Xu
5. Manuscript Title Development of mental health alliances in China (2017 Edition)		
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Dr. Wang has nothing to disclose.

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1. Given Name (First Name) Qing	2. Surname (Last Name) Zhang	3. Date 01-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yifeng Xu
5. Manuscript Title Development of mental health alliances in China (2017 Edition)		
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Zhiyu

2. Surname (Last Name)

Chen

3. Date

01-July-2018

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Corresponding Author's Name

Yifeng Xu

5. Manuscript Title

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chunbo	2. Surname (Last Name) Li	3. Date 01-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yifeng Xu
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1. Given Name (First Name) Tao	2. Surname (Last Name) Li	3. Date 01-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yifeng Xu
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xiaosi	2. Surname (Last Name) Li	3. Date 01-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yifeng Xu
5. Manuscript Title Development of mental health alliances in China (2017 Edition)		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lisheng

2. Surname (Last Name)
Song

3. Date
01-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yifeng Xu

5. Manuscript Title
Development of mental health alliances in China (2017 Edition)

6. Manuscript Identifying Number (if you know it)

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Song 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) Gang	2. Surname (Last Name) Wang	3. Date 01-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yifeng Xu
5. Manuscript Title Development of mental health alliances in China (2017 Edition)		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bin	2. Surname (Last Name) Xie	3. Date 01-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yifeng Xu
5. Manuscript Title Development of mental health alliances in China (2017 Edition)		
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1. Given Name (First Name) Guangjun	2. Surname (Last Name) Yu	3. Date 01-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yifeng Xu
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Yifeng

2. Surname (Last Name)
Xu

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01-July-2018

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