

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Chong Yau		2. Surname (Last Name) Ong		3. Date 27-August-2020		
4. Are you the corresponding author?		✓ Yes	No			
	5. Manuscript Title Adapting a community health facility into an acute care facility during a pandemic					
6. Manuscript Identifying Number (if you know it) JHMHP-20-109						
Section 2. The Weyle Under Consideration for Dublication						
Section 2. The Work Under Consideration for Publication   Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?   Are there any relevant conflicts of interest? Yes   Yes No						
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Section 4.	Intellectual Proper	'ty Paten	ts & Copyrights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No						



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Dr. Ong has nothing to disclose.

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1. Given Name (First Name) Lian Leng		2. Surname (Last Name) Low	3. Date 27-August-2020			
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patent

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1. Given Name (First Name) Elena		2. Surname (Last Name) Mohd Ayob	3. Date 27-August-2020			
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