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Xiao
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tian
2. Surname (Last Name) Xiao
3. Date 09-April-2020
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Chaowei Fu; Qi Zhao

5. Manuscript Title
Quality of life and its associated factors for mild COPD patients of urban community settings

6. Manuscript Identifying Number (if you know it)
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Dr. Xiao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yue
2. Surname (Last Name) Chen
3. Date 09-April-2020

4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author’s Name Chaowei Fu; Qi Zhao

5. Manuscript Title Quality of life and its associated factors for mild COPD patients of urban community settings

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Hua

2. Surname (Last Name)  
   Qiu

3. Date  
   09-April-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Chaowei Fu; Qi Zhao

5. Manuscript Title  
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Dr. Qiu has nothing to disclose.

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Xiaonan  

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Ruan  

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Na

2. Surname (Last Name)  
Wang

3. Date  
09-April-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author’s Name  
Chaowei Fu; Qi Zhao

5. Manuscript Title  
Quality of life and its associated factors for mild COPD patients of urban community settings

6. Manuscript Identifying Number (if you know it)  
APM-19-655

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.)?  
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Dr. Wang has nothing to disclose.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Qi</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Zhao</td>
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<tr>
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</tr>
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   Chaowei

2. Surname (Last Name)  
   Fu

3. Date  
   09-April-2020

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