ICMJE Form for Disclosure of Potential Conflicts of Interest

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

## Section 1. Identifying Information

1. Given Name (First Name)  
   Fangfang

2. Surname (Last Name)  
   Xie

3. Date  
   21-March-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Fei Yao and Yanli You

5. Manuscript Title  
   The effect of the Prolong Life With Nine Turn Method (Yan nian jiu zhuan) Qigong on patients with chronic fatigue syndrome: Study protocol for a randomized controlled trial

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Dr. Xie has nothing to disclose.

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Guan
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Chong

2. Surname (Last Name)  
   Guan

3. Date  
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4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

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Dr. Guan has nothing to disclose.

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1. Given Name (First Name)  
   Ziji

2. Surname (Last Name)  
   Cheng

3. Date  
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   Yes  No  ✔

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<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Given Name (First Name)</td>
<td>Fei</td>
</tr>
<tr>
<td>2. Surname (Last Name)</td>
<td>Yao</td>
</tr>
<tr>
<td>3. Date</td>
<td>21-March-2020</td>
</tr>
<tr>
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</tr>
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   Yanli  

2. Surname (Last Name)  
   You  

3. Date  
   21-March-2020  

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   No  

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