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) Chong
2. Surname (Last Name) Tian
3. Date 01-June-2020
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Xianchun Zeng

5. Manuscript Title
   An HIV-infected patient with coronavirus disease 2019 has a favourable prognosis: a case report

6. Manuscript Identifying Number (if you know it)
   APM-20-576

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Dr. Tian has nothing to disclose.

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<table>
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<th>1. Given Name (First Name)</th>
<th>Lei</th>
<th>2. Surname (Last Name)</th>
<th>Tang</th>
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Disclosure Statement

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Dr. Tang has nothing to disclose.

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1. Given Name (First Name)  
   Jiahong

2. Surname (Last Name)   
   Wu

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

Corresponding Author's Name
   Xianchun Zeng

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1. Given Name (First Name)  
Wuchao

2. Surname (Last Name)  
Li

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01-June-2020

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☐ Yes  ✔ No

Corresponding Author’s Name  
Xianchun Zeng

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**Other:** Anything not covered under the previous three boxes

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Hourong

2. **Surname (Last Name)**
   Zhou

3. **Date**
   01-June-2020

4. **Are you the corresponding author?**
   - [ ] Yes  ✔️ No
   
   **Corresponding Author's Name**
   Xianchun Zeng

5. **Manuscript Title**
   An HIV-infected patient with coronavirus disease 2019 has a favourable prognosis: a case report

6. **Manuscript Identifying Number (if you know it)**
   APM-20-576

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Are there any relevant conflicts of interest? 
- [ ] Yes  ✔️ No

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1. Given Name (First Name)  
   Weidong

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   Wu

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Zeng
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Section 1. Identifying Information

1. Given Name (First Name)  Xianchun
2. Surname (Last Name)  Zeng
3. Date  01-June-2020
4. Are you the corresponding author?  Yes  No

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