ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Lin
2. Surname (Last Name)  Xi
3. Date  26-May-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Luo Zhang
5. Manuscript Title  The work behaviors of patients with allergic rhinitis (AR) during the autumn pollen season
6. Manuscript Identifying Number (if you know it)  APM-20-267-R1

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Dr. Xi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Guangxi

2. Surname (Last Name)  
   Wang

3. Date  
   26-May-2020

4. Are you the corresponding author?  
   ☑ No  

   Corresponding Author’s Name  
   Luo Zhang

5. Manuscript Title  
   The work behaviors of patients with allergic rhinitis (AR) during the autumn pollen season

6. Manuscript Identifying Number (if you know it)  
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Section 1. Identifying Information

1. Given Name (First Name)  Bowen
2. Surname (Last Name)    Shi
3. Date                  26-May-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author's Name
Luo Zhang

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)        Yongjuan
2. Surname (Last Name)           Li
3. Date                           26-May-2020
4. Are you the corresponding author?  Yes √ No
Corresponding Author’s Name          Luo Zhang
5. Manuscript Title
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<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Luo</td>
<td>Zhang</td>
<td>26-May-2020</td>
</tr>
</tbody>
</table>

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   - Yes  
   - No

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