ICMJE Form for Disclosure of Potential Conflicts of Interest

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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2. The work under consideration for publication.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Mengying

2. Surname (Last Name)  
Zhang

3. Date  
28-May-2020

4. Are you the corresponding author?  

☐ Yes  ✔ No

Corresponding Author’s Name  
Jun Zhou

5. Manuscript Title  
Adult-onset Still’s disease presenting as fever of unknown origin: a single-center retrospective observational study from China

6. Manuscript Identifying Number (if you know it)  
2490

Section 2. The Work Under Consideration for Publication

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Dr. Zhang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Yaman
2. Surname (Last Name)  Wang
3. Date  28-May-2020
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Jun Zhou
5. Manuscript Title
   Adult-onset Still’s disease presenting as fever of unknown origin: a single-center retrospective observational study from China
6. Manuscript Identifying Number (if you know it)  2490

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<table>
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<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Jie</td>
<td>Li</td>
<td>28-May-2020</td>
</tr>
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</table>

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

Corresponding Author’s Name  
Jun Zhou

5. Manuscript Title  
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1. Given Name (First Name)  Jun
2. Surname (Last Name)  Zhou
3. Date  28-May-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
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