ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Hongmei
2. Surname (Last Name)  Ding
3. Date  01-July-2020
4. Are you the corresponding author?  No

5. Manuscript Title
   Drug-induced chronic cough and the possible mechanism of action

6. Manuscript Identifying Number (if you know it)
   APM-20-819

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Dr. Ding has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Cuiqin
2. Surname (Last Name)  Shi
3. Date  01-July-2020
4. Are you the corresponding author?  Yes  ✔ No

Corresponding Author’s Name  Li Yu

5. Manuscript Title
Drug-induced chronic cough and the possible mechanism of action

6. Manuscript Identifying Number (if you know it)
APM-20-819

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)  
   Xianghuai

2. Surname (Last Name)  
   Xu

3. Date  
   01-July-2020

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

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<thead>
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<tbody>
<tr>
<td>Li</td>
<td>Yu</td>
<td>01-July-2020</td>
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4. Are you the corresponding author?  ✔ Yes  ☐ No

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