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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>Wang</td>
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4. Are you the corresponding author?  
   - Yes  
   - No ✔

Corresponding Author's Name  
   - Baoli Cheng, Xiangming Fang

5. Manuscript Title  
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Dr. Wang has nothing to disclose.

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Xu
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Dr. Xu has nothing to disclose.

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1. Given Name (First Name)  
   Hui

2. Surname (Last Name)  
   Li

3. Date  
   29-August-2020

4. Are you the corresponding author?  
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Corresponding Author’s Name
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Baoli

2. Surname (Last Name)  
   Cheng

3. Date  
   29-August-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

---

5. Manuscript Title  
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