ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Hui

2. Surname (Last Name)  
   Wang

3. Date  
   07-January-2021

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Xuelian Wei

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   APM-21-37

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Dr. Wang has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Leiming

2. Surname (Last Name)  
   Zhang

3. Date  
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   ☑ No  
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   Xuelian Wei

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Ming</td>
<td>Sun</td>
<td>07-January-2021</td>
</tr>
</tbody>
</table>

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   - Yes  
   - No  
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Le

2. Surname (Last Name)  
Kang

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07-January-2021

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Corresponding Author's Name  
Xuelian Wei

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Dr. Kang has nothing to disclose.

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2. Surname (Last Name)  
   Wei

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   ✔ Yes  
   No

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