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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Weibin

2. Surname (Last Name)  
   Zhuo

3. Date  
   11-January-2021

4. Are you the corresponding author?  
   ✔ Yes  □ No  
   Corresponding Author’s Name  
   Zhiqiang Sun

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

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Dan
2. Surname (Last Name) 
Hao
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Dr. Hao has nothing to disclose.

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1. Given Name (First Name) Yong
2. Surname (Last Name) Tong
3. Date 11-January-2021
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Zhiqiang Sun

5. Manuscript Title
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1. Given Name (First Name)  
   Wei

2. Surname (Last Name)  
   Wu

3. Date  
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<td>Bao</td>
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4. Are you the corresponding author?  
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   Yu

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   Ling

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   Zhiqiang Sun

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1. Given Name (First Name)  
   Huamin

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   Zhu

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   Zhiqiang Sun

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Zhiqiang

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Sun

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