

ICMJE DISCLOSURE FORM

Date: _____ Apr. 06th, 2021 _____

Your Name: _____ Minghua Du _____

Manuscript Title: _____ China county based COPD Screening and cost-effectiveness analysis _____

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
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Date: _____ Apr. 06th, 2021 _____

Your Name: _____ Hao Hu _____

Manuscript Title: _____ China county based COPD Screening and cost-effectiveness analysis _____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ Apr. 06th, 2021 _____
 Your Name: _____ Lei Zhang _____
 Manuscript Title: _____ China county based COPD Screening and cost-effectiveness analysis _____
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ Apr. 06th, 2021 _____
 Your Name: _____ Wenpeng Liu _____
 Manuscript Title: _____ China county based COPD Screening and cost-effectiveness analysis _____
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Date: _____ Apr. 06th, 2021 _____
 Your Name: _____ Tianbao Chu _____
 Manuscript Title: _____ China county based COPD Screening and cost-effectiveness analysis _____
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ICMJE DISCLOSURE FORM

Date: _____ Apr. 06th, 2021 _____
 Your Name: _____ Guoxia Wu _____
 Manuscript Title: _____ China county based COPD Screening and cost-effectiveness analysis _____
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ Apr. 06th, 2021 _____
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Date: _____ Apr. 06th, 2021 _____
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Date: _____ Apr. 06th, 2021 _____
 Your Name: _____ Lingling Zheng _____
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Date: _____ Apr. 06th, 2021 _____
 Your Name: _____ Shuchen Bai _____
 Manuscript Title: _____ China county based COPD Screening and cost-effectiveness analysis _____
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Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.