

## 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)  
Krit

2. Surname (Last Name)  
Pongpirul

3. Date  
04-February-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Journey of Thai Taxi Driver and Novel Coronavirus

6. Manuscript Identifying Number (if you know it)  
20-01621

### Section 2. The Work Under Consideration for Publication

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Dr. Pongpirul has nothing to disclose.

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1. Given Name (First Name) Wannarat	2. Surname (Last Name) Pongpirul	3. Date 04-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Krit Pongpirul
5. Manuscript Title Journey of Thai Taxi Driver and Novel Coronavirus		
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1. Given Name (First Name) Wisit	2. Surname (Last Name) Prasithsirikul	3. Date 04-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Krit Pongpirul
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1. Given Name (First Name) Anuttra	2. Surname (Last Name) Ratnarathon	3. Date 04-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Krit Pongpirul
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