

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Dongyuan	2. Surname (Last Name) Yun	3. Date 24-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Blockchain: chaining digital health to a new era		
6. Manuscript Identifying Number (if you know it) ATM-2019-MAIR-20(ATM-20-2854)		

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Dr. Yun has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Wenben

2. Surname (Last Name)

Chen

3. Date

24-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Haotian LIN

5. Manuscript Title

Blockchain: chaining digital health to a new era

6. Manuscript Identifying Number (if you know it)

ATM-2019-MAIR-20(ATM-20-2854)

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Dr. Chen has nothing to disclose.

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1. Given Name (First Name) Xiaohang	2. Surname (Last Name) Wu	3. Date 24-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Haotian LIN
5. Manuscript Title Blockchain: chaining digital health to a new era		
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Dr. Wu has nothing to disclose.

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1. Given Name (First Name) Daniel Shuwei	2. Surname (Last Name) Ting	3. Date 24-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Haotian LIN
5. Manuscript Title Blockchain: chaining digital health to a new era		
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Haotian

2. Surname (Last Name)  
Lin

3. Date  
24-May-2020

4. Are you the corresponding author?  Yes  No

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