

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Jianqing	2. Surname (Last Name) Lin	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weiwei Lin, Lingyan He
5. Manuscript Title Respiratory Health Effects of Residential Individual and Cumulative Risk Factors in Children Living in Two Cities of the Pearl River Delta Region, China		
6. Manuscript Identifying Number (if you know it) JTD-19-CRH-AQ-003-R1		

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Weiwei
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Lin
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Section 1. Identifying Information

1. Given Name (First Name) Shaojie	2. Surname (Last Name) Fu	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weiwei Lin, Lingyan He
5. Manuscript Title Respiratory Health Effects of Residential Individual and Cumulative Risk Factors in Children Living in Two Cities of the Pearl River Delta Region, China		
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1. Given Name (First Name) Junfeng (Jim)	2. Surname (Last Name) Zhang	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weiwei Lin, Lingyan He
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1. Given Name (First Name) Jicheng	2. Surname (Last Name) Gong	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weiwei Lin, Lingyan He
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Lingyan

2. Surname (Last Name)

He

3. Date

19-March-2020

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