

## 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)

Joseph

2. Surname (Last Name)

Hokello

3. Date

12-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Mudit Tyagi

5. Manuscript Title

An overview on the basic and clinical aspects of the novel SARS-CoV-2, the etiologic agent of COVID-19

6. Manuscript Identifying Number (if you know it)

ATM-20-5272

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Hokello has nothing to disclose

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Adhikarimayum

2. Surname (Last Name)  
Sharma

3. Date  
12-July-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Mudit Tyagi

5. Manuscript Title  
An overview on the basic and clinical aspects of the novel SARS-CoV-2, the etiologic agent of COVID-19

6. Manuscript Identifying Number (if you know it)  
ATM-20-5272

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Dr. Adhikarimayum Lakhikumar Sharma has nothing to disclose

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Girish

2. Surname (Last Name)

Shukla

3. Date

12-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Mudit Tyagi

5. Manuscript Title

An overview on the basic and clinical aspects of the novel SARS-CoV-2, the etiologic agent of COVID-19

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1. Given Name (First Name)

Mudit

2. Surname (Last Name)

Tyagi

3. Date

12-July-2020

4. Are you the corresponding author?

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