

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Zhoubo

2. Surname (Last Name)
Han

3. Date
24-December-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Na Zhou

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

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Medical research project of Chongqing health commission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. 2015MSXM184

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Yong

2. Surname (Last Name)
Zhang

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Corresponding Author's Name
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