ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Diyang</td>
<td>Xie</td>
<td>13-June-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes  ✔ No

5. Manuscript Title
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Dr. Xie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Zhenggang

2. Surname (Last Name)  
Ren

3. Date  
13-June-2020

4. Are you the corresponding author?  
[ ] Yes  [ ] No

Corresponding Author's Name  
Qiang Gao

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1. Given Name (First Name)  
Jian

2. Surname (Last Name)  
Zhou

3. Date  
13-June-2020

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☐ Yes  ✔ No

Corresponding Author's Name  
Qiang Gao

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1. Given Name (First Name)  Jia  
2. Surname (Last Name)  Fan  
3. Date  13-June-2020  

4. Are you the corresponding author?  Yes  No  ✔  

Corresponding Author's Name  Qiang Gao  

5. Manuscript Title  
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