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)  
   zhenyu

2. Surname (Last Name)  
   quan

3. Date  
   08-February-2021

4. Are you the corresponding author?  
   Yes ☐ No ☑

Corresponding Author’s Name  
Ting Yang, Hongmei Piao

5. Manuscript Title  
   Current status and preventive strategies of Chronic Obstructive Pulmonary Disease in China

6. Manuscript Identifying Number (if you know it)  
   JTD-COPD-2020-006

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Are there any relevant conflicts of interest?  
Yes ☐ No ☑

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Disclosure Statement

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Dr. Quan has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
guanghai  
2. Surname (Last Name)  
yan  
3. Date  
05-February-2021  
4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author's Name  
   Ting Yang, Hongmei Piao  
5. Manuscript Title  
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Dr. yan has nothing to disclose.

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**Section 1. Identifying Information**

| 1. Given Name (First Name) | zhiguang |
|-----------------------------|----------|
| 2. Surname (Last Name)      | wang     |
| 3. Date                     | 05-February-2021 |
| 4. Are you the corresponding author? | □ Yes  ✔ No |
| Corresponding Author’s Name | Ting Yang, Hongmei Piao |
| 5. Manuscript Title         | Current status and preventive strategies of Chronic Obstructive Pulmonary Disease in China |
| 6. Manuscript Identifying Number (if you know it) | JTD-COPD-2020-006 |

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Dr. wang 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)  
yan

2. Surname (Last Name)  
li

3. Date  
01-February-2021

4. Are you the corresponding author?  
☑ Yes  
☐ No

---

Corresponding Author's Name  
Ting Yang, Hongmei Piao

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
JTD-COPD-2020-006

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☐ No

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Dr. li 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)  jie
2. Surname (Last Name)  zhang
3. Date  03-February-2021
4. Are you the corresponding author?  [No]
5. Manuscript Title
   Current status and preventive strategies of Chronic Obstructive Pulmonary Disease in China
6. Manuscript Identifying Number (if you know it)
   JTD-COPD-2020-006

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Dr. zhang has nothing to disclose.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
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**Section 1. Identifying Information**

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date             |
|----------------------------|-------------------------|---------------------|
| ting                      | yang                    | 03-February-2021    |

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Current status and preventive strategies of Chronic Obstructive Pulmonary Disease in China

6. Manuscript Identifying Number (if you know it)  
   JTD-COPD-2020-006

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. yang has nothing to disclose.

### Evaluation and Feedback

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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   hongmei

2. Surname (Last Name) 
   piao

3. Date 
   03-February-2021

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