ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Qinghong

2. Surname (Last Name)  
   Wei

3. Date  
   30-November-2020

4. Are you the corresponding author?  
   Yes  No  ☑

Corresponding Author’s Name  
   Xiaoying Xu, Weibing Sun

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   TAU-20-1466

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date               |
|---------------------------|------------------------|-----------------------|
| Hongmei                  | He                     | 30-November-2020      |

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

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)  
   Long

2. Surname (Last Name)  
   Lv

3. Date  
   30-November-2020

4. Are you the corresponding author?  
   No

Corresponding Author’s Name  
Xiaoying Xu, Weibing Sun

5. Manuscript Title  
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1. Given Name (First Name)  
Xiaoying

2. Surname (Last Name)  
Xu

3. Date  
30-November-2020

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

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Section 1. Identifying Information

1. Given Name (First Name)  Weibing
2. Surname (Last Name)  Sun
3. Date  30-November-2020
4. Are you the corresponding author?  ✔ Yes  ☐ No

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