ICMJE DISCLOSURE FORM

Date: 01/05/2022
Your Name: Dou-Sheng Bai
Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China
Manuscript number (if known): __________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ____ None |
|   | **No time limit for this item.** | **Time frame: Since the initial planning of the work** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ None |
| 3 | Royalties or licenses | ____ None |
| 4 | Consulting fees | ____ None |

Time frame: past 36 months
|   |                                                                                                           |
|---|----------------------------------------------------------------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony                                                                           | None |
| 7 | Support for attending meetings and/or travel                                                             | None |
| 8 | Patents planned, issued or pending                                                                       | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                        | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid         | None |
| 11| Stock or stock options                                                                                  | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                         | None |
| 13| Other financial or non-financial interests                                                               | None |

Please summarize the above conflict of interest in the following box:

None

Please place an “X” next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 01/05/2022  
Your Name: Ping Geng  
Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China  
Manuscript number (if known): ____________________________________________________________

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ____None                                                                           |
|   | **No time limit for this item.**                                                               |                                                                                 |

|   | Time frame: past 36 months                                                                     |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | ____None                                                                           |
| 3 | Royalties or licenses                                                                         | ____None                                                                           |
| 4 | Consulting fees                                                                              | ____None                                                                           |
|   | Description                                                                 | None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
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|13 | Other financial or non-financial interests                                    | None |

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ICMJE DISCLOSURE FORM

Date: 01/05/2022
Your Name: Zheng-Dong Wang
Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China
Manuscript number (if known): ________________________________

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|   | **No time limit for this item.**                                                                                                                                  |

|   | **Time frame: past 36 months**                                                                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                  | ___None                                                                                                           |
| 3 | Royalties or licenses                                                                                                                                          | ___None                                                                                                           |
| 4 | Consulting fees                                                                                                                                                | ___None                                                                                                           |
|   | Description                                                                                           | Response |
|---|-------------------------------------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
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|11 | Stock or stock options                                                                                 | None     |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                      | None     |
|13 | Other financial or non-financial interests                                                            | None     |

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ICMJE DISCLOSURE FORM

Date: 01/05/2022
Your Name: Xiao-Lin Wang
Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China
Manuscript number (if known): ______________________________________________________

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|----------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___ None |

| Time frame: past 36 months |
|----------------------------|
| 3 | Royalties or licenses | ___ None |

| 4 | Consulting fees | ___ None |

Date: 01/05/2022
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| 7 | Support for attending meetings and/or travel                                 | None     |
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|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None     |
|11 | Stock or stock options                                                       | None     |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None     |
|13 | Other financial or non-financial interests                                   | None     |

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ICMJE DISCLOSURE FORM

Date: 01/05/2022
Your Name: Gui-Rong Xu
Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China
Manuscript number (if known): __________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   |                                                                                           |   |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
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| 7 | Support for attending meetings and/or travel                                              | None |
| 8 | Patents planned, issued or pending                                                        | None |
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| 11| Stock or stock options                                                                     | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services          | None |
| 13| Other financial or non-financial interests                                                 | None |

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ICMJE DISCLOSURE FORM

Date: 01/05/2022
Your Name: Qing Ye
Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China
Manuscript number (if known): ___________________________________________________________

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| Item | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|---------------------------------------------------|---------------------------|
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| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3    | Royalties or licenses | None |
| 4    | Consulting fees | None |
|   |                                                                                      |   |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events                   | None |
| 6 | Payment for expert testimony                                                       | None |
| 7 | Support for attending meetings and/or travel                                       | None |
| 8 | Patents planned, issued or pending                                                 | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                  | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                              | None |
| 11| Stock or stock options                                                              | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services   | None |
| 13| Other financial or non-financial interests                                          | None |

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ICMJE DISCLOSURE FORM

Date: 01/05/2022
Your Name: Na Guo
Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China
Manuscript number (if known): __________________________________________________________

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**No time limit for this item.** | ___None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___None |
| 3 | Royalties or licenses | ___None |
| 4 | Consulting fees | ___None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|---|----------------------------------------------------------------------------------------------------------|------|
| 6 | Payment for expert testimony                                                                                 | None |
| 7 | Support for attending meetings and/or travel                                                                   | None |
| 8 | Patents planned, issued or pending                                                                            | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                            | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None |
| 11| Stock or stock options                                                                                       | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | None |
| 13| Other financial or non-financial interests                                                                    | None |

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ICMJE DISCLOSURE FORM

Date: 01/05/2022
Your Name: Yuan Zhao
Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China
Manuscript number (if known): __________________________________________________________

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| **Time frame: past 36 months** | | |
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| 3 | Royalties or licenses | ___None |
| 4 | Consulting fees | ___None |
|   | Description                                                                 | None |
|---|-----------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony                                                | None |
| 7 | Support for attending meetings and/or travel                                | None |
| 8 | Patents planned, issued or pending                                          | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11| Stock or stock options                                                       | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13| Other financial or non-financial interests                                   | None |

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ICMJE DISCLOSURE FORM

Date: 01/05/2022
Your Name: Chen Yang
Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China
Manuscript number (if known): ______________________________________________________

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|   | Time frame: past 36 months                                                                      |                                                                                      |
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| 3 | Royalties or licenses                                                                          | ____None<br>                                                                                       |
| 4 | Consulting fees                                                                                | ____None<br>                                                                                       |
|   |                                |     |
|---|--------------------------------|-----|
| 5 | Payment or honoraria for       | None|
|   | lectures, presentations,      |     |
|   | speakers bureaus, manuscript  |     |
|   | writing or educational events |     |
| 6 | Payment for expert testimony   | None|
| 7 | Support for attending meetings | None|
|   | and/or travel                  |     |
| 8 | Patents planned, issued or     | None|
|   | pending                        |     |
| 9 | Participation on a Data        | None|
|   | Safety Monitoring Board or     |     |
|   | Advisory Board                 |     |
| 10| Leadership or fiduciary role   | None|
|   | in other board, society,      |     |
|   | committee or advocacy group,   |     |
|   | paid or unpaid                 |     |
| 11| Stock or stock options         | None|
| 12| Receipt of equipment, materials| None|
|   | , drugs, medical writing, gifts|     |
|   | or other services              |     |
| 13| Other financial or non-        | None|
|   | financial interests            |     |

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ICMJE DISCLOSURE FORM

Date: 01/05/2022
Your Name: Hui Song
Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China
Manuscript number (if known): ________________________________

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|   | No time limit for this item.                                                                 |                                                                                   |
|   | Time frame: past 36 months                                                                   |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                    | None                                                                               |
| 3 | Royalties or licenses                                                                        | None                                                                               |
| 4 | Consulting fees                                                                             | None                                                                               |
5. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events
   ____None

6. Payment for expert testimony
   ____None

7. Support for attending meetings and/or travel
   ____None

8. Patents planned, issued or pending
   ____None

9. Participation on a Data Safety Monitoring Board or Advisory Board
   ____None

10. Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid
    ____None

11. Stock or stock options
    ____None

12. Receipt of equipment, materials, drugs, medical writing, gifts or other services
    ____None

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ICMJE DISCLOSURE FORM

Date: 01/05/2022
Your Name: Guo-Qing Jiang
Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China
Manuscript number (if known): ___________________________________________________

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|   | No time limit for this item.                                                               | ____None                                                                          |

| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                  | ____None                                                                          |
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| 4 | Consulting fees                                                                           | ____None                                                                          |

Time frame: past 36 months
|   |                                                                                                          | None |
|---|----------------------------------------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational    |      |
|   | events                                                                                                   |      |
| 6 | Payment for expert testimony                                                                            |      |
| 7 | Support for attending meetings and/or travel                                                              |      |
| 8 | Patents planned, issued or pending                                                                       |      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                        |      |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid         |      |
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Date: 01/05/2022
Your Name: Dao-Liang Xu
Manuscript Title: Practice and experience of regional medical center entrance linkage and closed-loop management under the wartime situation of the COVID-19 in China
Manuscript number (if known): ________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| 2 Grants or contracts from any entity (if not indicated in item #1 above). | ___None | |
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| 4 Consulting fees | ___None | |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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