ICMJE DISCLOSURE FORM

Date: _____Aug. 9th, 2021____
Your Name: __Zhan-Miao Yi__
Manuscript Title: __The implementation of an FIP guidance for COVID-19: insights from a nationwide survey__
Manuscript number (if known): __________________________________________________________

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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | Time frame: Since the initial planning of the work |                                                                                   |
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|   | **No time limit for this item.** |                                                                                   |
|   | Time frame: past 36 months |                                                                                   |
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| 3 | Royalties or licenses | __X__ None                                                                        |
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| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13 | Other financial or non-financial interests | __X__ None |

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Date:______Aug. 9th, 2021____
Your Name:__Zaiwei Song__
Manuscript Title:__The implementation of an FIP guidance for COVID-19: insights from a nationwide survey__
Manuscript number (if known):______________________________________________________________

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

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Date:____Aug. 9th, 2021__________________________
Your Name:________Xinya Li__________________________
Manuscript Title:__The implementation of an FIP guidance for COVID-19: insights from a nationwide survey__
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| 3 | Royalties or licenses                                                                         | _X___None                                                                          |
| 4 | Consulting fees                                                                              | _X___None                                                                          |
| No. | Description                                                                 | Response |
|-----|-----------------------------------------------------------------------------|----------|
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None   |
| 6   | Payment for expert testimony                                                | X None   |
| 7   | Support for attending meetings and/or travel                                 | X None   |
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| 11  | Stock or stock options                                                      | X None   |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
| 13  | Other financial or non-financial interests                                   | X None   |

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Date: ____ Aug. 9th, 2021 ________________________________
Your Name: ____ Yang HU ________________________________
Manuscript Title: The implementation of an FIP guidance for COVID-19: insights from a nationwide survey ______
Manuscript number (if known): ____________________________________________________________________________

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| 3 | Royalties or licenses | X___None<br>                                                                           |
| 4 | Consulting fees | X____None<br>                                                                           |
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| 6 | Payment for expert testimony                                                | X None |
| 7 | Support for attending meetings and/or travel                                | X None |
| 8 | Patents planned, issued or pending                                          | X None |
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| 11| Stock or stock options                                                      | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                  | X None |

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Date:____Aug. 9th, 2021____
Your Name:___Yinchu Cheng___
Manuscript Title:___The implementation of an FIP guidance for COVID-19: insights from a nationwide survey___
Manuscript number (if known):__________________________________________________________

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| 4  | Consulting fees                                                                                 |  _X_ None                                                                         |
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|   | services                                                                    |        |
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Date: ____ Aug. 9th, 2021 ____
Your Name: ___ Guan-Ru Wang ___
Manuscript Title: __The implementation of an FIP guidance for COVID-19: insights from a nationwide survey__
Manuscript number (if known): ____________________________________________________________

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| 11| Stock or stock options                                                                     | __X__ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services            | __X__ None |
| 13| Other financial or non-financial interests                                                  | __X__ None |

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Date:_____Aug. 9th, 2021_____  
Your Name:____Rong-Sheng Zhao____  
Manuscript Title:____The implementation of an FIP guidance for COVID-19: insights from a nationwide survey____  
Manuscript number (if known):______________________________________________________________

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