ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

| 1. Given Name (First Name) | Wei |
|---------------------------|-----|
| 2. Surname (Last Name)    | Cao |
| 3. Date                   | 30-March-2020 |
| 4. Are you the corresponding author? | [ ] Yes [✓] No |
| Corresponding Author's Name | Shuyang Zhang and Yongzhe Li |
| 5. Manuscript Title       | Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19 |
| 6. Manuscript Identifying Number (if you know it) | 20-07575 |

### 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?  
[ ] Yes  [✓] No

### Section 3. Relevant financial activities outside the submitted work.

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Dr. Cao has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Huan
2. **Surname (Last Name)**  
   Chen
3. **Date**  
   30-March-2020

4. **Are you the corresponding author?**  
   - Yes  
   - No  
   - ✔ No

   **Corresponding Author’s Name**  
   Shuyang Zhang and Yongzhe Li

5. **Manuscript Title**  
   Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19

6. **Manuscript Identifying Number (if you know it)**  
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## Section 1. Identifying Information

| 1. Given Name (First Name) | Yu |
|-----------------------------|----|
| 2. Surname (Last Name)     | Chen |
| 3. Date                     | 30-March-2020 |
| 4. Are you the corresponding author? | Yes ☑ No |
| Corresponding Author's Name | Shuyang Zhang and Yongzhe Li |

| 5. Manuscript Title |
|---------------------|
| Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19 |

| 6. Manuscript Identifying Number (if you know it) |
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| 20-07575 |

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   Xin

2. Surname (Last Name)  
   Ding

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   30-March-2020

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   ✔ No

Corresponding Author’s Name  
Shuyang Zhang and Yongzhe Li

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|---------------------------|------------------------|--------|
| Bin                      | Du                     | 30-March-2020 |

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Peng
2. Surname (Last Name)  Gao
3. Date  30-March-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Shuyang Zhang and Yongzhe Li
5. Manuscript Title  
   Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19
6. Manuscript Identifying Number (if you know it)  20-07575

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?  Yes  No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gao has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)                  2. Surname (Last Name)                  3. Date
Wei                                               Jiang                                      30-March-2020

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

Corresponding Author’s Name
Shuyang Zhang and Yongzhe Li

5. Manuscript Title
Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19

6. Manuscript Identifying Number (if you know it)
20-07575

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Dr. Jiang 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) Taisheng
2. Surname (Last Name) Li
3. Date 30-March-2020
4. Are you the corresponding author? ☐ Yes ✔ No
   Corresponding Author's Name Shuyang Zhang and Yongzhe Li
5. Manuscript Title
   Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19
6. Manuscript Identifying Number (if you know it)
   20-07575

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✔ No
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yongzhe
2. Surname (Last Name) Li
3. Date 30-March-2020
4. Are you the corresponding author? ✔ Yes □ No

5. Manuscript Title
Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19

6. Manuscript Identifying Number (if you know it)
20-07575

Section 2. The Work Under Consideration for Publication

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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)  Zhengyin
2. Surname (Last Name)  Liu
3. Date  30-March-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Shuyang Zhang and Yongzhe Li

5. Manuscript Title  Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19

6. Manuscript Identifying Number (if you know it)  20-07575

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Liu has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

| Question                                                                 | Answer   |
|-------------------------------------------------------------------------|----------|
| 1. Given Name (First Name)                                              | Jie      |
| 2. Surname (Last Name)                                                 | Ma       |
| 3. Date                                                                 | 30-March-2020 |
| 4. Are you the corresponding author?                                   | No       |
| Corresponding Author’s Name                                             | Shuyang Zhang and Yongzhe Li |
| 5. Manuscript Title                                                     | Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19 |
| 6. Manuscript Identifying Number (if you know it)                      | 20-07575 |

### 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? Yes ☐ No ☑

### Section 3. Relevant financial activities outside the submitted work.

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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? Yes ☐ No ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Ma has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Xuzhen

2. Surname (Last Name)  
   Qin

3. Date  
   30-March-2020

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19

6. Manuscript Identifying Number (if you know it)  
   20-07575

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Are there any relevant conflicts of interest?  
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Dr. Qin has nothing to disclose.

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**Royalties**: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  Yan
2. Surname (Last Name)  Qin
3. Date  30-March-2020
4. Are you the corresponding author?  No
5. Manuscript Title  Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19
6. Manuscript Identifying Number (if you know it)  20-07575

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) Xuefeng
2. Surname (Last Name) Sun
3. Date 30-March-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name
   Shuyang Zhang and Yongzhe Li
5. Manuscript Title
   Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19
6. Manuscript Identifying Number (if you know it)
   20-07575

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### Section 1. Identifying Information

1. Given Name (First Name)  
Ran

2. Surname (Last Name)  
Tian

3. Date  
30-March-2020

4. Are you the corresponding author?  
No

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6. Manuscript Identifying Number (if you know it)  
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Dr. Tian has nothing to disclose.

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1. Given Name (First Name)  
   Chunyao

2. Surname (Last Name)  
   Wang

3. Date  
   30-March-2020

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

   Corresponding Author’s Name  
   Shuyang Zhang and Yongzhe Li

5. Manuscript Title  
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   Yes [ ]  
   No [✔]

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   Yes [ ]  
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Wang
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jinglan
2. Surname (Last Name) Wang
3. Date 30-March-2020
4. Are you the corresponding author? Yes No
Corresponding Author’s Name Shuyang Zhang and Yongzhe Li

5. Manuscript Title Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19

6. Manuscript Identifying Number (if you know it) 20-07575

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Section 4. Intellectual Property -- Patents & Copyrights

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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)  Dong
2. Surname (Last Name)  Wu
3. Date  30-March-2020

4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name
Shuyang Zhang and Yongzhe Li

5. Manuscript Title
Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19

6. Manuscript Identifying Number (if you know it)
20-07575

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Are there any relevant conflicts of interest?  Yes  ✔  No

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Are there any relevant conflicts of interest?  Yes  ✔  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  ✔  No
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Dr. Wu has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Wei |
|---------------------------|-----|
| 2. Surname (Last Name)    | Wu  |
| 3. Date                   | 30-March-2020 |
| 4. Are you the corresponding author? | Yes ☑ No |
| Corresponding Author's Name | Shuyang Zhang and Yongzhe Li |
| 5. Manuscript Title       | Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19 |
| 6. Manuscript Identifying Number (if you know it) | 20-07575 |

### 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? ☑ Yes No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☑ Yes No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ Yes No
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Section 5. Relationships not covered above

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Dr. Wu 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)  
Peng

2. Surname (Last Name)  
Xia

3. Date  
30-March-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
Shuyang Zhang and Yongzhe Li

5. Manuscript Title  
Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19

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

1. Given Name (First Name)
   Meng

2. Surname (Last Name)
   Xiao

3. Date
   30-March-2020

4. Are you the corresponding author?
   □ Yes  ✔ No
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   Shuyang Zhang and Yongzhe Li

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Jing

2. **Surname (Last Name)**
   - Xie

3. **Date**
   - 30-March-2020

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19

6. **Manuscript Identifying Number (if you know it)**
   - 20-07575

### 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? **No**

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? **No**

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? **No**
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 1. Identifying Information

1. Given Name (First Name) Yingchun
2. Surname (Last Name) Xu
3. Date 30-March-2020
4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name
Shuyang Zhang and Yongzhe Li

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  Xiaowei
2. Surname (Last Name)  Yan
3. Date  30-March-2020
4. Are you the corresponding author?  Yes  ✔ No
5. Manuscript Title
   Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19
6. Manuscript Identifying Number (if you know it)
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Dong

2. Surname (Last Name)  
   Zhang

3. Date  
   30-March-2020

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

   Corresponding Author’s Name  
   Shuyang Zhang and Yongzhe Li

5. Manuscript Title  
   Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19

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1. Given Name (First Name) Fengchun
2. Surname (Last Name) Zhang
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   ✔
Corresponding Author's Name Shuyang Zhang and Yongzhe Li
5. Manuscript Title Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19
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|---------------------------|------------------------|--------|
| Hongmin                  | Zhang                  | 30-March-2020 |

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Shuyang Zhang and Yongzhe Li

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### ICMJE Form for Disclosure of Potential Conflicts of Interest

#### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Shulan

2. **Surname (Last Name)**
   - Zhang

3. **Date**
   - 30-March-2020

4. **Are you the corresponding author?**
   - Yes [✔]

5. **Manuscript Title**
   - Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19

6. **Manuscript Identifying Number (if you know it)**
   - 20-07575

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- Yes [ ]
- No [✔]

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   Shuyang

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   Zhang

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   No

5. Manuscript Title  
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   Wen

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   Zhang

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   [ ] Yes  
   ✔ No

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Zhang
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## Section 1. Identifying Information

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   Yan

2. Surname (Last Name)  
   Zhang

3. Date  
   30-March-2020

4. Are you the corresponding author?  
   Yes

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6. Manuscript Identifying Number (if you know it)  
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   Zhao

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|   |   |   |
|---|---|---|
| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
| Jing | Zhao | 30-March-2020 |
| 4. Are you the corresponding author? |   | Yes |
|   |   | No |
|   |   | ✔ |

|   |   |
|---|---|
| 5. Manuscript Title | Coagulopathy and Anti-Phospholipid Antibodies in Critically Ill Patients with COVID-19 |
| 6. Manuscript Identifying Number (if you know it) | 20-07575 |

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|----------------------------|------------------------|---------|
| Yongqiang                  | Zhao                   | 30-March-2020 |

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

Corresponding Author’s Name

Shuyang Zhang and Yongzhe Li

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1. Given Name (First Name) Xiang
2. Surname (Last Name) Zhou
3. Date 30-March-2020
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   Corresponding Author’s Name
   Shuyang Zhang and Yongzhe Li

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