ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
2. The work under consideration for publication.
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<tr>
<td>Xiaodong</td>
<td>Shi</td>
<td>27-August-1987</td>
</tr>
</tbody>
</table>

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

   Corresponding Author’s Name  
   - Baoli Zhu

5. Manuscript Title  
   Requirements for health prevention and control for COVID-19 during radiological diagnosis in Jiangsu Province

6. Manuscript Identifying Number (if you know it)  
   - JPHE-20-18

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Are there any relevant conflicts of interest?  
- Yes  
- No

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- Yes  
- No

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Dr. Shi has nothing to disclose.

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<tr>
<td>Jiayi</td>
<td>Ma</td>
<td>23-October-1983</td>
</tr>
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4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name
Baoli Zhu

5. Manuscript Title
Requirements for health prevention and control for COVID-19 during radiological diagnosis in Jiangsu Province

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JPHE-20-18

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Dr. Ma has nothing to disclose.

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

Corresponding Author’s Name

Baoli Zhu

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1. Given Name (First Name)  
Ningle

2. Surname (Last Name)  
Yu

3. Date  
30-March-1960

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Baoli Zhu

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

2. Surname (Last Name)  
   Zhu

3. Date  
   17-February-1966

4. Are you the corresponding author?  
   ✔ Yes  
   No

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