ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. **Intellectual Property.**

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Section 1. Identifying Information

1. Given Name (First Name)
   Hei Man

2. Surname (Last Name)
   Wong

3. Date
   25-July-2020

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

5. Manuscript Title
   Intra-hospital transport of mechanically-ventilated COVID-19 patients for radiological imaging – developing a protocol to prevent healthcare-associated transmission

6. Manuscript Identifying Number (if you know it)
   JPHE-20-49

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.)?

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Dr. Wong has nothing to disclose.

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<thead>
<tr>
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<tbody>
<tr>
<td>Norhayati Bte</td>
<td>Ahmad</td>
<td>25-July-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Hei Man, Wong

5. Manuscript Title  
Intra-hospital transport of mechanically-ventilated COVID-19 patients for radiological imaging – developing a protocol to prevent healthcare-associated transmission

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Dr. Ahmad has nothing to disclose.

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### Identifying Information

1. **Given Name (First Name)**  
   Ziyahdah Bte

2. **Surname (Last Name)**  
   Zainuddin

3. **Date**  
   25-July-2020

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

5. **Corresponding Author’s Name**  
   Hei Man, Wong

6. **Manuscript Title**  
   Intra-hospital transport of mechanically-ventilated COVID-19 patients for radiological imaging – developing a protocol to prevent healthcare-associated transmission

7. **Manuscript Identifying Number (if you know it)**  
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Dr. Zainuddin has nothing to disclose.

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Zhang
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Samuel Junyang  

2. Surname (Last Name)  
   Zhang  

3. Date  
   25-July-2020  

4. Are you the corresponding author?  
   ✗ Yes  ✔ No  
   Corresponding Author’s Name  
   Hei Man, Wong  

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Pinhong

2. Surname (Last Name)
Jin

3. Date
25-July-2020

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☑ No

Corresponding Author’s Name
Hei Man, Wong

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Dr. Jin has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<td>Kwee Yuen</td>
<td>Tan</td>
<td>25-July-2020</td>
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4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No  

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5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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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.)?  
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   ☐ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Tan has nothing to disclose.

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<tr>
<td>Yvonne Fu Zi</td>
<td>Chan</td>
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Dr. Chan has nothing to disclose.

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   Moi Lin
2. Surname (Last Name)
   Ling

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   Hei Man, Wong

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   T
   Thuan Tong

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   Tan

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   Hei Man, Wong

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