ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<td>Na</td>
<td>Li</td>
<td>27-June-2020</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  

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<tr>
<td>Xun Gao</td>
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5. Manuscript Title
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Xun

2. Surname (Last Name)  
   Gao

3. Date  
   27-June-2020

4. Are you the corresponding author?  
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   No

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Dr. Gao has nothing to disclose.

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Corresponding Author's Name

Xun Gao

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1. Given Name (First Name)  Pu
2. Surname (Last Name)  Wang
3. Date  27-June-2020
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2. Surname (Last Name)  
   Zhu

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Xun Gao

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