ICMJE Form for Disclosure of Potential Conflicts of Interest

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Yuetian</td>
<td>Yu</td>
<td>20-August-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Emergency preparedness for COVID-19: experience from one district general hospital in Wuhan

6. Manuscript Identifying Number (if you know it)  
   JECCM-20-97

## 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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   - No  
   ✔ No

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   - No  
   ✔ No

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

**Evaluation and Feedback**

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Xu
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chunhui
2. Surname (Last Name) Xu
3. Date 20-August-2020
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title Emergency preparedness for COVID-19: experience from one district general hospital in Wuhan
6. Manuscript Identifying Number (if you know it) JECCM-20-97

Section 2. The Work Under Consideration for Publication

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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

Erzhen Chen

Xu
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Dr. Xu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Cheng
2. Surname (Last Name)  Zhu
3. Date  20-August-2020
4. Are you the corresponding author?  Yes  ✔ No
5. Manuscript Title  Emergency preparedness for COVID-19: experience from one district general hospital in Wuhan
6. Manuscript Identifying Number (if you know it)  JECCM-20-97

Section 2. The Work Under Consideration for Publication

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Dr. Zhu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Qingyun
2. Surname (Last Name) Li
3. Date 20-August-2020
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Erzhen Chen

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
   JECCM-20-97

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## Section 1. Identifying Information

| 1. Given Name (First Name) | Erzhen |
| 2. Surname (Last Name)    | Chen   |
| 3. Date                   | 20-August-2020 |
| 4. Are you the corresponding author? | Yes ☑ No |

5. Manuscript Title
Emergency preparedness for COVID-19: experience from one district general hospital in Wuhan

6. Manuscript Identifying Number (if you know it)
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