

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Given Name (First Name)
Lei

2. Surname (Last Name)
Tang

3. Date
07-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Xianchun Zeng

5. Manuscript Title
CT Intestinal Alterations of Coronavirus Disease 2019 (COVID-19) from the Imaging Perspective: a case description

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Are there any relevant conflicts of interest? Yes No

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Dr. Zhou reports grants from Guizhou Science and Technology Project, grants from Guiyang Science and Technology Project , grants from Guizhou Science and Technology Department Key Lab Project , during the conduct of the study; .

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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1. Given Name (First Name) Weidong 2. Surname (Last Name) Wu 3. Date 07-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Xianchun Zeng

5. Manuscript Title
CT Intestinal Alterations of Coronavirus Disease 2019 (COVID-19) from the Imaging Perspective: a case description

6. Manuscript Identifying Number (if you know it)
QIMS-20-520

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Guiyang Science and Technology Project	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ZKXM[2020]4
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Lin

2. Surname (Last Name)
Yan

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