

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jingjing	2. Surname (Last Name) Ji	3. Date 26-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bingbing Li
5. Manuscript Title Intraoperative venous air embolism in the non-cardiac surgery—the role of perioperative echocardiography in a case series report		
6. Manuscript Identifying Number (if you know it) ATM-20-497		

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. Ji has nothing to disclose.

Evaluation and Feedback

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Yali

2. Surname (Last Name)

Tian

3. Date

26-March-2020

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Yes No

Corresponding Author's Name

Bingbing Li

5. Manuscript Title

Intraoperative venous air embolism in the non-cardiac surgery—the role of perioperative echocardiography in a case series report

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Dr. Tian has nothing to disclose.

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Luning

2. Surname (Last Name)
Chen

3. Date
26-March-2020

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Yes No

Corresponding Author's Name
Bingbing Li

5. Manuscript Title
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