

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jun-yi	2. Surname (Last Name) Hou	3. Date 08-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhe Luo and Guo-wei Tu
5. Manuscript Title Evaluation of radial artery pulse pressure effects on detection of stroke volume changes after volume loading maneuvers in cardiac surgical patients		
6. Manuscript Identifying Number (if you know it) ATM-20-847		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Hou has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ji-li	2. Surname (Last Name) Zheng	3. Date 08-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhe Luo and Guo-wei Tu
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Guo-guang	2. Surname (Last Name) Ma	3. Date 08-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhe Luo and Guo-wei Tu
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xiao-ming	2. Surname (Last Name) Lin	3. Date 08-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhe Luo and Guo-wei Tu
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### Section 1.

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1. Given Name (First Name)

Guang-wei

2. Surname (Last Name)

Hao

3. Date

08-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Zhe Luo and Guo-wei Tu

5. Manuscript Title

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ying	2. Surname (Last Name) Su	3. Date 08-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhe Luo and Guo-wei Tu
5. Manuscript Title Evaluation of radial artery pulse pressure effects on detection of stroke volume changes after volume loading maneuvers in cardiac surgical patients		
6. Manuscript Identifying Number (if you know it) ATM-20-847		

### 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.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Su has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jing-chao	2. Surname (Last Name) Luo	3. Date 08-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhe Luo and Guo-wei Tu
5. Manuscript Title Evaluation of radial artery pulse pressure effects on detection of stroke volume changes after volume loading maneuvers in cardiac surgical patients		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Luo has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Kai

2. Surname (Last Name)

Liu

3. Date

08-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Zhe Luo and Guo-wei Tu

5. Manuscript Title

Evaluation of radial artery pulse pressure effects on detection of stroke volume changes after volume loading maneuvers in cardiac surgical patients

6. Manuscript Identifying Number (if you know it)

ATM-20-847

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Are there any relevant conflicts of interest?

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### Identifying Information

1. Given Name (First Name)

Zhe

2. Surname (Last Name)

Luo

3. Date

08-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

ATM-20-847

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### Identifying Information

1. Given Name (First Name)

Guo-wei

2. Surname (Last Name)

Tu

3. Date

08-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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