

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Wei	2. Surname (Last Name) Zhong	3. Date 16-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhixiong Zhong
5. Manuscript Title Retrograde transcatheter closure of ventricular septal perforation after acute myocardial infarction: a case report		
6. Manuscript Identifying Number (if you know it)		

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Dr. Zhong has nothing to disclose.

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1. Given Name (First Name) Zhidong	2. Surname (Last Name) Liu	3. Date 16-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhixiong Zhong
5. Manuscript Title Retrograde transcatheter closure of ventricular septal perforation after acute myocardial infarction: a case report		
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Section 1. Identifying Information

1. Given Name (First Name)
Xianfang

2. Surname (Last Name)
Wang

3. Date
16-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Zhixiong Zhong

5. Manuscript Title

Retrograde transcatheter closure of ventricular septal perforation after acute myocardial infarction: a case report

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