

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Chunyu

2. Surname (Last Name)

Han

3. Date

09-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Houzhen Tuo

5. Manuscript Title

New-onset non-convulsive status epilepticus in an adult with hemophagocytic lymphohistiocytosis: a case report

6. Manuscript Identifying Number (if you know it)

QIMS-19-360-R1

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Han has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Kui

2. Surname (Last Name)

Chen

3. Date

10-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Houzhen Tuo

5. Manuscript Title

New-onset non-convulsive status epilepticus in an adult with hemophagocytic lymphohistiocytosis: a case report

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QIMS-19-360-R1

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Are there any relevant conflicts of interest?

Yes

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Yes

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1. Given Name (First Name)

Dan

2. Surname (Last Name)

Gao

3. Date

11-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Houzhen Tuo

5. Manuscript Title

New-onset non-convulsive status epilepticus in an adult with hemophagocytic lymphohistiocytosis: a case report

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QIMS-19-360-R1

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Houzhen

2. Surname (Last Name)

Tuo

3. Date

10-May-2020

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Yes No

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