

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)

Botao

2. Surname (Last Name)

Ning

3. Date

19-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Effect of High-volume Hemofiltration on Children with Sepsis

6. Manuscript Identifying Number (if you know it)

Article No: TP-19-166

Section 2. The Work Under Consideration for Publication

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Dr. Ning has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sheng	2. Surname (Last Name) Ye	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Botao Ning
5. Manuscript Title Effect of High-volume Hemofiltration on Children with Sepsis		
6. Manuscript Identifying Number (if you know it) Article No: TP-19-166		

Section 2. The Work Under Consideration for Publication

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Dr. Ye has nothing to disclose.

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1. Given Name (First Name) Yi	2. Surname (Last Name) Lyu	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Botao Ning
5. Manuscript Title Effect of High-volume Hemofiltration on Children with Sepsis		
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Fan

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Yin

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Corresponding Author's Name
Botao Ning

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