

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) Wei	2. Surname (Last Name) Jiang	3. Date 09-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ming Dong and Peng Yu
5. Manuscript Title Colchicine Poisoning Complicated by Medulla Oblongata Myelinolysis: A Case Report		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Jiang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Xuan-Yu

2. Surname (Last Name)

Tan

3. Date

09-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ming Dong and Peng Yu

5. Manuscript Title

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1. Given Name (First Name)

Jia-Ai

2. Surname (Last Name)

Li

3. Date

09-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ming Dong and Peng Yu

5. Manuscript Title

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Kang

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Qu

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☒ No

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Peng

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Yu

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09-April-2020

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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

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Section 1. Identifying Information

1. Given Name (First Name)
Ming

2. Surname (Last Name)
Dong

3. Date
09-April-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Colchicine Poisoning Complicated by Medulla Oblongata Myelinolysis: A Case Report

6. Manuscript Identifying Number (if you know it)

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. Dong has nothing to disclose.

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