

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Qingzan	2. Surname (Last Name) Kong	3. Date 23-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guohai Su
5. Manuscript Title Effect of evolocumab on the progression and stability of atherosclerotic plaques as evaluated by grayscale and iMAP-IVUS		
6. Manuscript Identifying Number (if you know it) APM-20-690		

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Dr. Kong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Miao	2. Surname (Last Name) Liu	3. Date 23-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guohai Su
5. Manuscript Title Effect of evolocumab on the progression and stability of atherosclerotic plaques as evaluated by grayscale and iMAP-IVUS		
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1. Given Name (First Name) Yueyan	2. Surname (Last Name) Li	3. Date 23-June-2020
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5. Manuscript Title Effect of evolocumab on the progression and stability of atherosclerotic plaques as evaluated by grayscale and iMAP-IVUS		
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Qing

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Zhu

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23-June-2020

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Corresponding Author's Name

Guohai Su

5. Manuscript Title

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