

## 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)

Yulan

2. Surname (Last Name)

Geng

3. Date

20-August-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Xinqi He

5. Manuscript Title

Recurrent arterial thrombosis of the lower extremity with secondary thrombocythemia due to reperfusion injury: a case report

6. Manuscript Identifying Number (if you know it)

APM-20-1649

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Dr. Geng has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Zhengli	2. Surname (Last Name) Chen	3. Date 20-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinqi He
5. Manuscript Title Recurrent arterial thrombosis of the lower extremity with secondary thrombocythemia due to reperfusion injury: a case report		
6. Manuscript Identifying Number (if you know it) APM-20-1649		

### Section 2. The Work Under Consideration for Publication

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Dr. Chen has nothing to disclose.

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Lili

2. Surname (Last Name)

Dai

3. Date

20-August-2020

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Yes  No

Corresponding Author's Name

Xinqi He

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1. Given Name (First Name)  
Guochao

2. Surname (Last Name)  
liu

3. Date  
20-August-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Xinqi He

5. Manuscript Title  
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Xinqi

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He

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20-August-2020

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