

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) Guijun	2. Surname (Last Name) Zhu	3. Date 03-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhenjie Hu
5. Manuscript Title Accuracy assessment of noninvasive cardiac output monitoring in the hemodynamic monitoring in critically ill patients		
6. Manuscript Identifying Number (if you know it) APM-20-1731		

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.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Zhu has nothing to disclose.

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1. Given Name (First Name)

Kun

2. Surname (Last Name)

Zhang

3. Date

03-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Zhenjie Hu

5. Manuscript Title

Accuracy assessment of noninvasive cardiac output monitoring in the hemodynamic monitoring in critically ill patients

6. Manuscript Identifying Number (if you know it)

APM-20-1731

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Yuxin

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Fu

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03-September-2020

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Zhenjie Hu

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