

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) Jing	2. Surname (Last Name) Zhang	3. Date 24-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Jiao
5. Manuscript Title Nursing care for a patient with right frontoparietal inflammatory granuloma complicated with acute pulmonary embolism		
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.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Zhang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Ye-Ping

2. Surname (Last Name)

Xu

3. Date

24-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Wei Jiao

5. Manuscript Title

Nursing care for a patient with right frontoparietal inflammatory granuloma complicated with acute pulmonary embolism

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

Yes

No

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Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

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Yes

No

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Dr. Xu has nothing to disclose.

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You-Ping

2. Surname (Last Name)
Wu

3. Date
24-July-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Wei Jiao

5. Manuscript Title
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