

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Haorui	2. Surname (Last Name) Shen	3. Date 23-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Run Zhang
5. Manuscript Title Acquired Heparin-like Anticoagulation process in a Patient with Multiple Myeloma: a Case Report and Literature Review		
6. Manuscript Identifying Number (if you know it) TCR-20-1968-R1		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Shen has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Chao	2. Surname (Last Name) Wu	3. Date 23-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Run Zhang
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Dr. Wu has nothing to disclose.

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1. Given Name (First Name)

Lijuan

2. Surname (Last Name)

Chen

3. Date

23-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Run Zhang

5. Manuscript Title

Acquired Heparin-like Anticoagulation process in a Patient with Multiple Myeloma: a Case Report and Literature Review

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Zhang

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