

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Section 1. Identifying Information

1. Given Name (First Name) Zhiyong	2. Surname (Last Name) Liu	3. Date 15-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gengwen Huang
5. Manuscript Title Clinical report and multidisciplinary team discussion of two fatal cases of severe acute pancreatitis		
6. Manuscript Identifying Number (if you know it) JXYM-19-103		

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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. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dingcheng	2. Surname (Last Name) Shen	3. Date 15-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gengwen Huang
5. Manuscript Title Clinical report and multidisciplinary team discussion of two fatal cases of severe acute pancreatitis		
6. Manuscript Identifying Number (if you know it) JXYM-19-103		

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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. Shen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Saket	2. Surname (Last Name) Kumar	3. Date 15-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gengwen Huang
5. Manuscript Title Clinical report and multidisciplinary team discussion of two fatal cases of severe acute pancreatitis		
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Dr. Kumar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marco Vito	2. Surname (Last Name) Marino	3. Date 15-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gengwen Huang
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Dr. Marino has nothing to disclose.

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1. Given Name (First Name) Hemant	2. Surname (Last Name) Goyal	3. Date 15-October-2019
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Gengwen

2. Surname (Last Name)
Huang

3. Date
15-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinical report and multidisciplinary team discussion of two fatal cases of severe acute pancreatitis

6. Manuscript Identifying Number (if you know it)
JXYM-19-103

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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.)?

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