

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shaohui	2. Surname (Last Name) Wu	3. Date 25-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guangchen Zou
5. Manuscript Title Effects of COVID-19 on the cardiovascular system		
6. Manuscript Identifying Number (if you know it) JXYM-20-105		

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Are there any relevant conflicts of interest? Yes No

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Dr. Wu has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Guangchen

2. Surname (Last Name)
Zou

3. Date
25-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effects of COVID-19 on the cardiovascular system

6. Manuscript Identifying Number (if you know it)
JXYM-20-105

Section 2. The Work Under Consideration for Publication

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Dr. Zou has nothing to disclose.

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1. Given Name (First Name) Kaiqing	2. Surname (Last Name) Lin	3. Date 25-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guangchen Zou
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