

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) Jingqiao	2. Surname (Last Name) Zhang	3. Date 05-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xingshun Qi
5. Manuscript Title Adverse events of terlipressin in liver cirrhosis with acute gastrointestinal bleeding: a clinical pharmacist's real-world observational study		
6. Manuscript Identifying Number (if you know it)		

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Dr. Zhang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Xinmiao

2. Surname (Last Name)

Zhou

3. Date

05-June-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xingshun Qi

5. Manuscript Title

Adverse events of terlipressin in liver cirrhosis with acute gastrointestinal bleeding: a clinical pharmacist's real-world observational study

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Dr. Zhou has nothing to disclose.

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1. Given Name (First Name)
Haitao

2. Surname (Last Name)
Zhao

3. Date
05-June-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Xingshun Qi

5. Manuscript Title
Adverse events of terlipressin in liver cirrhosis with acute gastrointestinal bleeding: a clinical pharmacist's real-world observational study

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Jiao

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Deng

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05-June-2018

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No

Corresponding Author's Name

Xingshun Qi

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Qi

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05-June-2018

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