

ICMJE DISCLOSURE FORM

Date: 2023/3/2
 Your Name: NingWang
 Manuscript Title: Incidence rate of hypokalemic and its associated factors for patients undergoing noncardiac surgery: a retrospective analysis
 Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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Date: 2023/3/2
 Your Name: DengYu Gao
 Manuscript Title: Incidence rate of hypokalemic and its associated factors for patients undergoing noncardiac surgery: a retrospective analysis
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 Your Name: JianLi Song
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 Your Name: XiaoYing Liu
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