

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) XiaoJun	2. Surname (Last Name) Deng	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ShuYi Gu
5. Manuscript Title The effect of blood lactate and NT-proBNP predict the survival in patients with invasive mechanical ventilation		
6. Manuscript Identifying Number (if you know it) ATM-20-2157		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Deng has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Yan	2. Surname (Last Name) Zou	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ShuYi Gu
5. Manuscript Title The effect of blood lactate and NT-proBNP predict the survival in patients with invasive mechanical ventilation		
6. Manuscript Identifying Number (if you know it) ATM-20-2157		

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Dr. Zou has nothing to disclose.

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1. Given Name (First Name) Jun	2. Surname (Last Name) Wu	3. Date 18-March-2020
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5. Manuscript Title The effect of blood lactate and NT-proBNP predict the survival in patients with invasive mechanical ventilation		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ShuYi Gu
5. Manuscript Title The effect of blood lactate and NT-proBNP predict the survival in patients with invasive mechanical ventilation		
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1. Given Name (First Name)  
ShuYi

2. Surname (Last Name)  
Gu

3. Date  
18-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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