

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name)

Chih-Yen

2. Surname (Last Name)

Hsiao

3. Date

19-March-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Ming-Cheng Wang

5. Manuscript Title

Risk factors for uroseptic shock in hospitalized patients aged over 80 years with urinary tract infection

6. Manuscript Identifying Number (if you know it)

ATM-19-4271

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Dr. Hsiao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tsung-Hsien	2. Surname (Last Name) Chen	3. Date 19-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ming-Cheng Wang
5. Manuscript Title Risk factors for uroseptic shock in hospitalized patients aged over 80 years with urinary tract infection		
6. Manuscript Identifying Number (if you know it) ATM-19-4271		

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Section 1. Identifying Information

1. Given Name (First Name)

Yi-Chien

2. Surname (Last Name)

Lee

3. Date

19-March-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Ming-Cheng Wang

5. Manuscript Title

Risk factors for uroseptic shock in hospitalized patients aged over 80 years with urinary tract infection

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1. Given Name (First Name) Meng-Chang	2. Surname (Last Name) Hsiao	3. Date 19-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ming-Cheng Wang	
5. Manuscript Title Risk factors for uroseptic shock in hospitalized patients aged over 80 years with urinary tract infection		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ming-Cheng

2. Surname (Last Name)

Wang

3. Date

19-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Risk factors for uroseptic shock in hospitalized patients aged over 80 years with urinary tract infection

6. Manuscript Identifying Number (if you know it)

ATM-19-4271

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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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