

#### **Instructions**

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Section 1. Identifying Inform	nation			
1. Given Name (First Name) Ting	2. Surname (Last Name) Zheng	3. Date 08-May-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Xiaochun Zheng		
5. Manuscript Title Minimum local anesthetic dose of ropic surgery: a randomized controlled trial	vacaine in real-time ultraso	und-guided intraspinal anesthesia for lower extremity		
6. Manuscript Identifying Number (if you ki	now it)			
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1 Ye



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Wu 1



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1. Given Name (Fir Xiaochun	rst Name)	2. Surname (Last Name) 3. Date Zheng 08-May-2020				
4. Are you the corr	responding author?	sponding author? ✓ Yes No				
surgery: a randor			real-time ultrasounc	l-guided intraspinal and	esthesia for lower extremity	
Section 2.	The Work Under Co	onsidera	tion for Publicati	on		
any aspect of the si statistical analysis,	ubmitted work (including	but not lin			ommercial, private foundation, etc.) for esign, manuscript preparation,	
Section 3.	Relevant financial	activities	s outside the sub	mitted work.		
of compensation clicking the "Add	) with entities as descri	bed in the ort relation	instructions. Use or	ne line for each entity; a	lationships (regardless of amount add as many lines as you need by <b>nonths prior to publication</b> .	
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Do you have any	patents, whether planr				? ☐ Yes ✔ No	



Section 5. Polistianships not savered above
Relationships not covered above
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Disclosure Statement
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Dr. Zheng has nothing to disclose.

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#### **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.

## 1. Identifying information.

### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes"

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Royalties:** Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Mingxue	2. Surname (Last Name) Lin	3. Date 08-May-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Xiaochun Zheng
5. Manuscript Title Minimum local anesthetic dose of rop surgery: a randomized controlled trial		ound-guided intraspinal anesthesia for lower extremity
6. Manuscript Identifying Number (if you	know it)	
		-
Section 2. The Work Under	Consideration for Public	cation
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