

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.

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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Lu	2. Surname (Last Name) Wang	3. Date 24-September-2020		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Xiang Zhou		
5. Manuscript Title Compliance of Saving Sepsis Campaign	guidelines 1-hour bundle	for septic shock in China in 2018		
6. Manuscript Identifying Number (if you kn ATM-20-5429	ow it)			
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Dr. Wang has nothing to disclose.

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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Ye	2. Surname (Last Name) Wang	3. Date 24-September-2020		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Xiang Zhou		
5. Manuscript Title Compliance of Saving Sepsis Campaign	guidelines 1-hour bundle	for septic shock in China in 2018		
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Section 4.	Intellectual Proper	ty Pate <u>nts</u>	& Copyrights		
Do you have any	patents, whether plan			evant to the work	? Yes 🗸 No



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