

ICMJE DISCLOSURE FORM

Date: September 10, 2021

Your Name: Xiaopeng Hong

Manuscript Title: Evidence of SARS-CoV-2 infection in gallbladder and aggravating cholecystitis to septic shock: a case report

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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11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

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ICMJE DISCLOSURE FORM

Date: September 10, 2021

Your Name: Jianzhong He

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ICMJE DISCLOSURE FORM

Date: September 10, 2021

Your Name: Peiping Li

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Date: September 10, 2021

Your Name: Jiafan Chen

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Date: September 10, 2021

Your Name: Baojia Zou

Manuscript Title: Evidence of SARS-CoV-2 infection in gallbladder and aggravating cholecystitis to septic shock: a case report

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ICMJE DISCLOSURE FORM

Date: September 10, 2021

Your Name: Zhanyu Li

Manuscript Title: Evidence of SARS-CoV-2 infection in gallbladder and aggravating cholecystitis to septic shock: a case report

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Your Name: Yingbin Jia

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ICMJE DISCLOSURE FORM

Date: September 10, 2021

Your Name: Ye Liu

Manuscript Title: Evidence of SARS-CoV-2 infection in gallbladder and aggravating cholecystitis to septic shock: a case report

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Date: September 10, 2021

Your Name: Lukun Yang

Manuscript Title: Evidence of SARS-CoV-2 infection in gallbladder and aggravating cholecystitis to septic shock: a case report

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Your Name: Jian Li

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.