

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

jianjun

2. Surname (Last Name)

Chen

3. Date

08-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Youlin Ji

5. Manuscript Title

Research Advances in Myocardial Injury Caused by COVID-19

6. Manuscript Identifying Number (if you know it)

CDT-20-349

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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yingfeng	2. Surname (Last Name) He	3. Date 08-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Youlin Ji
5. Manuscript Title Research Advances in Myocardial Injury Caused by COVID-19		
6. Manuscript Identifying Number (if you know it) CDT-20-349		

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Section 1. Identifying Information

1. Given Name (First Name)

Liangliang

2. Surname (Last Name)

Zhou

3. Date

08-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Youlin Ji

5. Manuscript Title

Research Advances in Myocardial Injury Caused by COVID-19

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Genhua

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Mu

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Youlin

2. Surname (Last Name)
Ji

3. Date
08-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Research Advances in Myocardial Injury Caused by COVID-19

6. Manuscript Identifying Number (if you know it)
CDT-20-349

Section 2. The Work Under Consideration for Publication

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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