

ICMJE DISCLOSURE FORM

Date:2023/2/12

Your Name:Xiaohang-Liu

Manuscript Title:Acute cerebral infarction caused by cardiac subvalvular thrombus shedding in eosinophilic myocarditis: a case description

Manuscript number (if known):_____

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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13	Other financial or non-financial interests	None	

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Date:2023/2/12

Your Name:Tianchen-Guo

Manuscript Title:Acute cerebral infarction caused by cardiac subvalvular thrombus shedding in eosinophilic myocarditis: a case description

Manuscript number (if known):_____

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Date: 2023/2/12

Your Name: Yining-Wang

Manuscript Title: Acute cerebral infarction caused by cardiac subvalvular thrombus shedding in eosinophilic myocarditis: a case description

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Date: 2023/2/12

Your Name: Li-Huo

Manuscript Title: Acute cerebral infarction caused by cardiac subvalvular thrombus shedding in eosinophilic myocarditis: a case description

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Date: 2023/2/12

Your Name: Wei-Chen

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