

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) Xiaoyan	2. Surname (Last Name) Wang	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Di Xu
5. Manuscript Title Changes of Left Ventricular and Atrial Mechanics and Function after dialysis in patients with end stage renal disease		
6. Manuscript Identifying Number (if you know it) QIMS-20-961		

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Are there any relevant conflicts of interest? Yes No

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Dr. Wang has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Jian	2. Surname (Last Name) Hong	3. Date 21-September-2020
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Di

2. Surname (Last Name)

Xu

3. Date

21-September-2020

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