

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Fengzhen	2. Surname (Last Name) Liu	3. Date 25-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chunquan Zhang
5. Manuscript Title Frequency and risk factors of impaired left ventricular global longitudinal strain in patients with end-stage renal disease: a two-dimensional speckle-tracking echocardiographic study		
6. Manuscript Identifying Number (if you know it) QIMS-20-1034		

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Dr. Liu has nothing to disclose.

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1. Given Name (First Name)
Xiaolin

2. Surname (Last Name)
Wang

3. Date
25-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Chunquan Zhang

5. Manuscript Title
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