

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Rongrong

2. Surname (Last Name)
Chen

3. Date
21-November-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Analysis of cytokines and trace elements in children with febrile seizures

6. Manuscript Identifying Number (if you know it)

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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Shuangshuang
2. Surname (Last Name)
Li
3. Date
21-November-2020
4. Are you the corresponding author? Yes No
5. Manuscript Title
Analysis of cytokines and trace elements in children with febrile seizures
6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Xiaokang

2. Surname (Last Name)

Wang

3. Date

21-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Analysis of cytokines and trace elements in children with febrile seizures

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1. Given Name (First Name)

Jinjun

2. Surname (Last Name)

Zhou

3. Date

21-November-2020

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Yes No

5. Manuscript Title

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Yi

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Lu

3. Date

21-November-2020

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Aijian

2. Surname (Last Name)

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3. Date

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6. Manuscript Identifying Number (if you know it)

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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Dr. Kang has nothing to disclose.

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