

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) Li	2. Surname (Last Name) Zhang	3. Date 16-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Zhou
5. Manuscript Title Effects of bronchial blockers on gas exchange in infants with one-lung ventilation: a single-institutional experience of 22 cases		
6. Manuscript Identifying Number (if you know it) TP-20-391		

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Dr. Zhang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Yu-Ping

2. Surname (Last Name)

Wang

3. Date

16-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Min Zhou

5. Manuscript Title

Effects of bronchial blockers on gas exchange in infants with one-lung ventilation: a single-institutional experience of 22 cases

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TP-20-391

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Dr. Wang has nothing to disclose.

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1. Given Name (First Name) Xiao-Fen	2. Surname (Last Name) Chen	3. Date 16-November-2020
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5. Manuscript Title Effects of bronchial blockers on gas exchange in infants with one-lung ventilation: a single-institutional experience of 22 cases		
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Zi-Rogn

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Yan

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16-November-2020

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Corresponding Author's Name

Min Zhou

5. Manuscript Title

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Min

2. Surname (Last Name)

Zhou

3. Date

16-November-2020

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Yes No

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