

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)
Guiping

2. Surname (Last Name)
Xu

3. Date
08-July-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
The appropriate dose of propofol for anesthesia induction in morbidly obese patients

6. Manuscript Identifying Number (if you know it)
APM-20-1223

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Dr. Xu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Nannan

2. Surname (Last Name)
Qiao

3. Date
08-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Guiping Xu

5. Manuscript Title

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Dr. Qiao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Yangyang

2. Surname (Last Name)
Pan

3. Date
08-July-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Guiping Xu

5. Manuscript Title
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Alimujiang

2. Surname (Last Name)

Simayi

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08-July-2020

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☐ Yes

☒ No

Corresponding Author's Name

Guiping Xu

5. Manuscript Title

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1. Given Name (First Name) Nan	2. Surname (Last Name) Chen	3. Date 08-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Guiping Xu
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