

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ren-Xiong	2. Surname (Last Name) Chen	3. Date 17-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hong-Zhi Wang
5. Manuscript Title The risk factors on the prognosis of pulmonary embolism in tumor patients after the thoracic and abdominal surgery		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Chen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Hong-Zhi	2. Surname (Last Name) Wang	3. Date 17-June-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title The risk factors on the prognosis of pulmonary embolism in tumor patients after the thoracic and abdominal surgery		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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