

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) Jiajun	2. Surname (Last Name) Wang	3. Date 10-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ning Lin
5. Manuscript Title Hypothyroid myopathy with periodic paralysis as the main symptom: a case report and literature review		
6. Manuscript Identifying Number (if you know it) APM-20-1578		

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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. Wang has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Wuping	2. Surname (Last Name) Liao	3. Date 10-August-2020
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Dr. Liao has nothing to disclose.

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Ying

2. Surname (Last Name)

Wen

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10-August-2020

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