

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) Xiangping	2. Surname (Last Name) Chen	3. Date 25-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yiyu Zhuang
5. Manuscript Title Risk predictive models for delirium in the intensive care unit: a systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) APM-20-1183		

Section 2. The Work Under Consideration for Publication

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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Yuewen

2. Surname (Last Name)

Lao

3. Date

25-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Yiyu Zhuang

5. Manuscript Title

Risk predictive models for delirium in the intensive care unit: a systematic review and meta-analysis

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Dr. Lao has nothing to disclose.

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Yi

2. Surname (Last Name)

Zhang

3. Date

25-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yiyu Zhuang

5. Manuscript Title

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Lijie

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Qiao

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Yiyu

2. Surname (Last Name)

Zhuang

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25-May-2020

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Yes No

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