

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)

Jiwei

2. Surname (Last Name)

Huang

3. Date

04-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A case report of rash induced by cefoperazone sodium and sulbactam sodium plus metronidazole sodium chloride combined with morphine hydrochloride

6. Manuscript Identifying Number (if you know it)

APM-20-2192

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Are there any relevant conflicts of interest? Yes No

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Dr. Huang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Ximei	2. Surname (Last Name) Zhu	3. Date 04-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiwei Huang
5. Manuscript Title A case report of rash induced by cefoperazone sodium and sulbactam sodium plus metronidazole sodium chloride combined with morphine hydrochloride		
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caiyun

2. Surname (Last Name)

Jiang

3. Date

04-November-2020

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Yes

No

Corresponding Author's Name

Jiwei Huang

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