

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.

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1. Given Name (First Name)

YUN

2. Surname (Last Name)

SUN

3. Date

06-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

ZUOBING CHEN

5. Manuscript Title

The effect of rehabilitation in patients with polyneuropathy induced by occupational intoxication with n-hexane: a report of 9 cases

6. Manuscript Identifying Number (if you know it)

APM-20-2176

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Dr. SUN has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

XIAOHONG

2. Surname (Last Name)

WU

3. Date

06-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

ZUOBING CHEN

5. Manuscript Title

The effect of rehabilitation in patients with polyneuropathy induced by occupational intoxication with n-hexane: a report of 9 cases

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
JINXIU

2. Surname (Last Name)
CHEN

3. Date
06-November-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
ZUOBING CHEN

5. Manuscript Title
The effect of rehabilitation in patients with polyneuropathy induced by occupational intoxication with n-hexane: a report of 9 cases

6. Manuscript Identifying Number (if you know it)
APM-20-2176

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Section 1. Identifying Information

1. Given Name (First Name) SHUANG	2. Surname (Last Name) WEI	3. Date 06-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name ZUOBING CHEN
5. Manuscript Title The effect of rehabilitation in patients with polyneuropathy induced by occupational intoxication with n-hexane: a report of 9 cases		
6. Manuscript Identifying Number (if you know it) APM-20-2176		

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FANG

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Ji

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Corresponding Author's Name

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) ROUNA	2. Surname (Last Name) WU	3. Date 06-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name ZUOBING CHEN
5. Manuscript Title The effect of rehabilitation in patients with polyneuropathy induced by occupational intoxication with n-hexane: a report of 9 cases		
6. Manuscript Identifying Number (if you know it) APM-20-2176		

Section 2. The Work Under Consideration for Publication

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

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Dr. WU has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

LIN

2. Surname (Last Name)

MAO

3. Date

06-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

ZUOBING CHEN

5. Manuscript Title

The effect of rehabilitation in patients with polyneuropathy induced by occupational intoxication with n-hexane: a report of 9 cases

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APM-20-2176

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Section 1.

Identifying Information

1. Given Name (First Name)

WANGXIAO

2. Surname (Last Name)

BAO

3. Date

06-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

ZUOBING CHEN

5. Manuscript Title

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YANKAI

2. Surname (Last Name)

WEN

3. Date

06-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

ZUOBING CHEN

5. Manuscript Title

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ZUOBING

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CHEN

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06-November-2020

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