

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)
Xinping

2. Surname (Last Name)
Liu

3. Date
23-December-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Observation of changes in left atrial and left ventricular function in patients with hypertensive disorders of pregnancy based on myocardial strain

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Kaicheng

2. Surname (Last Name)

Duan

3. Date

23-December-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Xinping Liu

5. Manuscript Title

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Dr. Duan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Fengqin	2. Surname (Last Name) Zhu	3. Date 23-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xinping Liu
5. Manuscript Title Observation of changes in left atrial and left ventricular function in patients with hypertensive disorders of pregnancy based on myocardial strain		
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Hui

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Zhang

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☒ No

Corresponding Author's Name

Xinping Liu

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