

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dan 2. Surname (Last Name) Li 3. Date 22-November-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Xiaohui Li

5. Manuscript Title
A case report of an infant after episodes of paroxysmal supraventricular tachycardia with left ventricular thrombosis and cerebral infarction.

6. Manuscript Identifying Number (if you know it)
APM-20-1797

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Section 1. Identifying Information

1. Given Name (First Name) Jinghui	2. Surname (Last Name) Guo	3. Date 22-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaohui Li
5. Manuscript Title A case report of an infant after episodes of paroxysmal supraventricular tachycardia with left ventricular thrombosis and cerebral infarction.		
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Dr. Guo has nothing to disclose.

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1. Given Name (First Name) Xiaohui 2. Surname (Last Name) Li 3. Date 22-November-2020

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Section 1. Identifying Information

1. Given Name (First Name) Yanmei	2. Surname (Last Name) Liao	3. Date 22-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaohui Li
5. Manuscript Title A case report of an infant after episodes of paroxysmal supraventricular tachycardia with left ventricular thrombosis and cerebral infarction.		
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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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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)
Shi

3. Date
22-November-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Xiaohui Li

5. Manuscript Title
A case report of an infant after episodes of paroxysmal supraventricular tachycardia with left ventricular thrombosis and cerebral infarction.

6. Manuscript Identifying Number (if you know it)
APM-20-1797

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Key Project of Capital Clinical Characteristic Application Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Shi reports grants from Key Project of Capital Clinical Characteristic Application Research, during the conduct of the study; .

Evaluation and Feedback

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Instructions

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1. Given Name (First Name) Yao 2. Surname (Last Name) Lin 3. Date 22-November-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Xiaohui Li

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Yang

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Liu

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