

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) Rui	2. Surname (Last Name) Huang	3. Date 12-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Bin Wang
5. Manuscript Title The Effect of Programmed Intermittent Epidural Bolus Compared with Continuous Epidural Infusion in Labor Analgesia with Ropivacaine : A Meta-Analysis of Randomized Controlled Trials		
6. Manuscript Identifying Number (if you know it) APM-20-1541		

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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) Jiang	2. Surname (Last Name) Zhu	3. Date 12-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Bin Wang
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