

Instructions

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Section 1. Identifying Info	rmation		
1. Given Name (First Name) Lu	2. Surname (Last Name) Wang		3. Date 06-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nam Wei Huang	e
5. Manuscript Title Potential risk factors for recurrent pu	lmonary embolism in hosp	italized patients	
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Are there any relevant conflicts of interest?	Yes
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Dr. Wang has nothing to disclose.

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Yes, the following relationships/conditions/circumstances are present (explain below):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Huang has nothing to disclose.

Evaluation and Feedback