

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) Bingbing	2. Surname (Last Name) Cao	3. Date 10-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianfeng Zeng; Weibing Guo
5. Manuscript Title Development and Validation of a Nomogram for Determining Patients Requiring Prolonged Postanesthesia Care Unit Length of Stay After Laparoscopic Cholecystectomy		
6. Manuscript Identifying Number (if you know it) APM-20-2182		

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1. Given Name (First Name) Xaingfei	2. Surname (Last Name) Su	3. Date 10-March-2021
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1. Given Name (First Name)

Jianfeng

2. Surname (Last Name)

Zeng

3. Date

10-March-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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