

ICMJE DISCLOSURE FORM

Date: 10/11/2021

Your Name: Liya Gong

Manuscript Title: Enteral nutrition management in stroke patients: A narrative review

Manuscript number (if known):

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Time frame: past 36 months			
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6	Payment for expert testimony	_____None	
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Date: 10/11/2021

Your Name: Yan Wang

Manuscript Title: Enteral nutrition management in stroke patients: A narrative review

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Date: 10/11/2021

Your Name: Jian Shi

Manuscript Title: Enteral nutrition management in stroke patients: A narrative review

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