

ICMJE DISCLOSURE FORM

Date: 2022-07-05
 Your Name: Xiyiing Zhao
 Manuscript Title: Hypertension as an adverse effect of infliximab for Crohn's disease: a case report
 Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____None	
6	Payment for expert testimony	_____None	
7	Support for attending meetings and/or travel	_____None	
8	Patents planned, issued or pending	_____None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____None	
11	Stock or stock options	_____None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____None	
13	Other financial or non-financial interests	_____None	

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The authors have no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

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Date: 2022-07-05
 Your Name: Jiahao Mo
 Manuscript Title: Hypertension as an adverse effect of infliximab for Crohn's disease: a case report
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Date: 2022-07-05
 Your Name: Beiping Zhang
 Manuscript Title: Hypertension as an adverse effect of infliximab for Crohn's disease: a case report
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-07-05
 Your Name: Jian Tang
 Manuscript Title: Hypertension as an adverse effect of infliximab for Crohn's disease: a case report
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