

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Irene	2. Surname (Last Name) Wong	3. Date 04-October-2020		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Thyroid Storm Rescued by Extracorpore	al Membrane Oxygenation Support, Plasmapheresis	and Thyroidectomy		
6. Manuscript Identifying Number (if you know it) JECCM-20-147				
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Dr. Wong has nothing to disclose.

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1. Given Name (First Name) Jonathan	2. Surname (Last Name) Goh	3. Date 04-October-2020		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Irene Wong Mei Jin		
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