

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wiriya	2. Surname (Last Name) Maisat	3. Date 21-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Saowaphak Lapmahapaisan
5. Manuscript Title Perioperative Risk Factors for Delayed Extubation after Acute Type A Aortic Dissection Surgery		
6. Manuscript Identifying Number (if you know it) JTD-20-742-R1		

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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Dr. Maisat has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sasiya	2. Surname (Last Name) Siriratwarangkul	3. Date 21-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Saowaphak Lapmahapaisan
5. Manuscript Title Perioperative Risk Factors for Delayed Extubation after Acute Type A Aortic Dissection Surgery		
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Dr. Siriratwarangkul has nothing to disclose.

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1. Given Name (First Name) Apiporn	2. Surname (Last Name) Charoensri	3. Date 21-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Saowaphak Lapmahapaisan
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1. Given Name (First Name) Wanchai	2. Surname (Last Name) Wongkornrat	3. Date 21-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Saowaphak Lapmahapaisan
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1. Given Name (First Name)

Saowaphak

2. Surname (Last Name)

Lapmahapaisan

3. Date

21-July-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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