

## 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) Jia-Gui	2. Surname (Last Name) Ma	3. Date 26-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiu-Ming Xi
5. Manuscript Title Clinical characteristics and outcomes of mechanically ventilated elderly patients in intensive care units: a Chinese multicentre retrospective study		
6. Manuscript Identifying Number (if you know it) JTD-20-2748		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Ma has nothing to disclose.

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1. Given Name (First Name) Bo	2. Surname (Last Name) Zhu	3. Date 26-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiu-Ming Xi
5. Manuscript Title Clinical characteristics and outcomes of mechanically ventilated elderly patients in intensive care units: a Chinese multicentre retrospective study		
6. Manuscript Identifying Number (if you know it) JTD-20-2748		

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Dr.Zhu has nothing to disclose.

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1. Given Name (First Name)

Li

2. Surname (Last Name)

Jiang

3. Date

26-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xiu-Ming Xi

5. Manuscript Title

Clinical characteristics and outcomes of mechanically ventilated elderly patients in intensive care units: a Chinese multicentre retrospective study

6. Manuscript Identifying Number (if you know it)

JTD-20-2748

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