

# ICMJE DISCLOSURE FORM

Date: 2020.12.17

Your Name: Ziqing Gao

Manuscript Title: Noninvasive assessment of cardiac changes in patients with coronavirus disease-19 (COVID-19) by bedside ultrasound

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	None	
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13	Other financial or non-financial interests	None	

**Please summarize the above conflict of interest in the following box:**

The author has no conflict of interest to declare.

**Please place an “X” next to the following statement to indicate your agreement:**

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# ICMJE DISCLOSURE FORM

Date: 2020.12.17

Your Name: Yongquan Huang

Manuscript Title: Noninvasive assessment of cardiac changes in patients with coronavirus disease-19 (COVID-19) by bedside ultrasound

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Date: 2020.12.17

Your Name: Wuzhu Lu

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Manuscript number (if known): \_\_\_\_\_

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Date: 2020.12.17

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Date: 2020.12.17

Your Name: Xuefeng Li

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Your Name: Shushan Zhang

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