

ICMJE DISCLOSURE FORM

Date: 20230728

Your Name: Xijuan Peng

Manuscript Title: Ultrasonography in the intensive care unit: a bibliometrics analysis

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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

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

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ICMJE DISCLOSURE FORM

Date: 20230728

Your Name: Tao Luo

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Date: 20230728

Your Name: Linong Yao

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Date: 20230728

Your Name: Wei Wu

Manuscript Title: Ultrasonography in the intensive care unit: a bibliometrics analysis

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Date: 20230728

Your Name: Luigi Bonavina

Manuscript Title: Ultrasonography in the intensive care unit: a bibliometrics analysis

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