

## ICMJJE DISCLOSURE FORM

Date:20220521

Your Name:Jia Hong

Manuscript Title:Severe side effects caused by injection of fat emulsion (10%)/amino acids (15)/glucose (20%): a case report

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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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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13	Other financial or non-financial interests	None	

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

<p>The authors declares that they have no conflict of interest.</p>
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**Please place an "X" next to the following statement to indicate your agreement:**

**Jia Hong I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJJE DISCLOSURE FORM

Date:20220521

Your Name: Sun Yanlin

Manuscript Title:Severe side effects caused by injection of fat emulsion (10%)/amino acids (15)/glucose (20%): a case report

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

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## ICMJJE DISCLOSURE FORM

Date:20220521

Your Name: Hou Fanghua

Manuscript Title:Severe side effects caused by injection of fat emulsion (10%)/amino acids (15)/glucose (20%): a case report

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

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## ICMJJE DISCLOSURE FORM

Date: 20220521

Your Name: Yun Lu

Manuscript Title: Severe side effects caused by injection of fat emulsion (10%)/amino acids (15%)/glucose (20%): a case report

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