

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yin-Hsien	2. Surname (Last Name) Lin	3. Date 19-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ding-Kuo Chien
5. Manuscript Title Infective endocarditis presenting as back pain		
6. Manuscript Identifying Number (if you know it) HT-18-8		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Lin has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Wen-Han	2. Surname (Last Name) Chang	3. Date 19-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ding-Kuo Chien
5. Manuscript Title Infective endocarditis presenting as back pain		
6. Manuscript Identifying Number (if you know it) HT-18-8		

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Dr. Chang has nothing to disclose.

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1. Given Name (First Name) Weide	2. Surname (Last Name) Tsai	3. Date 19-June-2020
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5. Manuscript Title Infective endocarditis presenting as back pain		
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Ding-Kuo

2. Surname (Last Name)
Chien

3. Date
19-June-2020

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