

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Zn-Jui	2. Surname (Last Name) Liu	3. Date 20-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pang-Yen Chen
5. Manuscript Title Diagnosis of Bezoar-induced small-bowel obstruction on sonography in emergency department		
6. Manuscript Identifying Number (if you know it) 2018;2:5 (27 December 2018)		

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1. Given Name (First Name) Chii-Hwa	2. Surname (Last Name) Chen	3. Date 20-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pang-Yen Chen
5. Manuscript Title Diagnosis of Bezoar-induced small-bowel obstruction on sonography in emergency department		
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1. Given Name (First Name) Jen-Dar	2. Surname (Last Name) Chen	3. Date 20-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pang-Yen Chen
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Pang-Yen

2. Surname (Last Name)
Chen

3. Date
20-November-2018

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