

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) Liong-Rung	2. Surname (Last Name) Liu	3. Date 21-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yu-Hui, Chiu
5. Manuscript Title The ED length of stay in gunshot injuries: experience in a metropolitan medical center		
6. Manuscript Identifying Number (if you know it) HT-2018-24		

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1. Given Name (First Name) Chang-Chih	2. Surname (Last Name) Chen	3. Date 21-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yu-Hui, Chiu
5. Manuscript Title The ED length of stay in gunshot injuries: experience in a metropolitan medical center		
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1. Given Name (First Name) Jiun-I	2. Surname (Last Name) Lai	3. Date 21-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yu-Hui, Chiu
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1. Given Name (First Name)  
YU-HUI

2. Surname (Last Name)  
CHIU

3. Date  
21-June-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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