

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rui	2. Surname (Last Name) Sun	3. Date 28-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xingshun Qi; Xiaozhong Guo
5. Manuscript Title Risk factors for 5-day bleeding after endoscopic treatments for gastroesophageal varices in liver cirrhosis		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Sun has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Xingshun

2. Surname (Last Name)
Qi

3. Date
28-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risk factors for 5-day bleeding after endoscopic treatments for gastroesophageal varices in liver cirrhosis

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Deli	2. Surname (Last Name) Zou	3. Date 28-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xingshun Qi; Xiaozhong Guo
5. Manuscript Title Risk factors for 5-day bleeding after endoscopic treatments for gastroesophageal varices in liver cirrhosis		
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Dr. Zou has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xiaodong	2. Surname (Last Name) Shao	3. Date 28-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xingshun Qi; Xiaozhong Guo
5. Manuscript Title Risk factors for 5-day bleeding after endoscopic treatments for gastroesophageal varices in liver cirrhosis		
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2. Surname (Last Name)
Guo

3. Date
28-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risk factors for 5-day bleeding after endoscopic treatments for gastroesophageal varices in liver cirrhosis

6. Manuscript Identifying Number (if you know it)

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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.)?

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