

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Weigang	2. Surname (Last Name) Zhao	3. Date 02-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yonghong Zhao
5. Manuscript Title Thoracic Aortic Injury Caused by Multiple Rib Fractures: Case Report		
6. Manuscript Identifying Number (if you know it) ACR-20-96-R1		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Zhao has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Weiwei	2. Surname (Last Name) He	3. Date 02-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yonghong Zhao
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 1. Identifying Information

1. Given Name (First Name)
Yonghong

2. Surname (Last Name)
Zhao

3. Date
02-August-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Thoracic Aortic Injury Caused by Multiple Rib Fractures: Case Report

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