

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Yunqin

2. Surname (Last Name)
Ren

3. Date
22-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Qingxiang Mao

5. Manuscript Title
Cardiovascular crisis after use of epinephrine: a case report and review of the literature

6. Manuscript Identifying Number (if you know it)
ACR-20-161

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Dr. Ren has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yao	2. Surname (Last Name) Wang	3. Date 22-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qingxiang Mao
5. Manuscript Title Cardiovascular crisis after use of epinephrine: a case report and review of the literature		
6. Manuscript Identifying Number (if you know it) ACR-20-161		

Section 2. The Work Under Consideration for Publication

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Dr. Wang has nothing to disclose.

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1. Given Name (First Name) Hong	2. Surname (Last Name) Yan	3. Date 22-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qingxiang Mao
5. Manuscript Title Cardiovascular crisis after use of epinephrine: a case report and review of the literature		
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