

ICMJE DISCLOSURE FORM

Date: November 27, 2023
 Your Name: Lilan He
 Manuscript Title: Using phlebotomy to remove a difficult PICC insertion and extubation in VLBW infants: case report of a rare complication
 Manuscript number (if known): ACR-23-145-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: November 27, 2023
 Your Name: Qingxia Ye
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ICMJE DISCLOSURE FORM

Date: November 27, 2023
 Your Name: Lizhu Huang
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Date: November 27, 2023
 Your Name: Meiyi Wang
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Date: November 27, 2023
 Your Name: Mingzhu He
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