

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) Xingjian	2. Surname (Last Name) Hu	3. Date 18-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiawei Shi, Nianguo Dong
5. Manuscript Title Managements of 13 Emergency Cardiac Surgeries under COVID-19 Pandemic in a Sentinel Hospital		
6. Manuscript Identifying Number (if you know it) JTD-20-1649		

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1. Given Name (First Name) Yin	2. Surname (Last Name) Wang	3. Date 18-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiawei Shi, Nianguo Dong
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1. Given Name (First Name)

Nianguo

2. Surname (Last Name)

Dong

3. Date

18-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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