

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Ying	2. Surname (Last Name) Liu	3. Date 15-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuang-Chuan Zhang
5. Manuscript Title Neonatal PURA syndrome: A case report and literature review		
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. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rui	2. Surname (Last Name) Liu	3. Date 15-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuang-Chuan Zhang
5. Manuscript Title Neonatal PURA syndrome: A case report and literature review		
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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tong	2. Surname (Last Name) Xu	3. Date 14-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuang-Chuan Zhang
5. Manuscript Title Neonatal PURA syndrome: A case report and literature review		
6. Manuscript Identifying Number (if you know it) _____		

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Section 1. Identifying Information

1. Given Name (First Name) Yu-Xin	2. Surname (Last Name) Zhou	3. Date 15-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuang-Chuan Zhang
5. Manuscript Title Neonatal PURA syndrome: A case report and literature review		
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4. Are you the corresponding author?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. Manuscript Title Neonatal PURA syndrome: A case report and literature review		
6. Manuscript Identifying Number (if you know it) TP-20-248		

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