

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)

Wang

3. Date

08-January-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Juan Qian

5. Manuscript Title

An email-based survey of practice regarding hemodynamic monitoring and management in children with septic shock in China

6. Manuscript Identifying Number (if you know it)

TP-20-374-R1

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Dr. Wang has nothing to disclose.

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Juan

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Qian

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Section 1. Identifying Information

1. Given Name (First Name) Suyun	2. Surname (Last Name) Qian	3. Date 08-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Juan Qian
5. Manuscript Title AN EMAIL-BASED SURVEY OF PRACTICE REGARDING HEMODYNAMIC MONITORING AND MANAGEMENT IN CHILDREN WITH SEPTIC SHOCK IN CHINA		
6. Manuscript Identifying Number (if you know it) TP-20-374-R1		

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1. Given Name (First Name) Chunfeng	2. Surname (Last Name) Liu	3. Date 08-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Juan Qian
5. Manuscript Title AN EMAIL-BASED SURVEY OF PRACTICE REGARDING HEMODYNAMIC MONITORING AND MANAGEMENT IN CHILDREN WITH SEPTIC SHOCK IN CHINA		
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