

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Yuting	2. Surname (Last Name) Zhong	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiru Li
5. Manuscript Title Application and Prospect of Topical Hemostatic Materials		
6. Manuscript Identifying Number (if you know it)		

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Dr. Zhong has nothing to disclose.

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1. Given Name (First Name) Huayu	2. Surname (Last Name) Hu	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiru Li
5. Manuscript Title Application and Prospect of Topical Hemostatic Materials		
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1. Given Name (First Name) Ningning	2. Surname (Last Name) Min	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiru Li
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1. Given Name (First Name) Yufan	2. Surname (Last Name) Wei	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiru Li
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6. Manuscript Identifying Number (if you know it) _____		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Li has nothing to disclose.

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