

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)

Kai

2. Surname (Last Name)

Liu

3. Date

09-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Zhe Luo and Guo-wei Tu

5. Manuscript Title

Inhaled Pulmonary Vasodilators : a Narrative Review

6. Manuscript Identifying Number (if you know it)

ATM-20-4895

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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Huan

2. Surname (Last Name)

Wang

3. Date

09-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Zhe Luo and Guo-wei Tu

5. Manuscript Title

Inhaled Pulmonary Vasodilators : a Narrative Review

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Yes

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Dr. Wang has nothing to disclose.

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1. Given Name (First Name)

Shen-ji

2. Surname (Last Name)

Yu

3. Date

09-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Zhe Luo and Guo-wei Tu

5. Manuscript Title

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Guo-wei

2. Surname (Last Name)

Tu

3. Date

09-July-2020

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2. Surname (Last Name)

Luo

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09-July-2020

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