ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Wei

2. Surname (Last Name)  
   Jiang

3. Date  
   09-April-2020

4. Are you the corresponding author?  
   Yes  
   No  
   ✔

   Corresponding Author’s Name  
   Ming Dong and Peng Yu

5. Manuscript Title  
   Colchicine Poisoning Complicated by Medulla Oblongata Myelinolysis: A Case Report

6. Manuscript Identifying Number (if you know it)

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   ✔  
   No

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   ✔  
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Dr. Jiang has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Xuan-Yu

2. Surname (Last Name)  
   Tan

3. Date  
   09-April-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Ming Dong and Peng Yu

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<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jia-Ai</td>
<td>Li</td>
<td>09-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  ✔ Yes  ❌ No

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## Section 4. Intellectual Property -- Patents & Copyrights

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Kang

2. **Surname (Last Name)**
   Qu

3. **Date**
   09-April-2020

4. **Are you the corresponding author?**
   - Yes
   - No [✔]

   **Corresponding Author’s Name**
   Ming Dong and Peng Yu

5. **Manuscript Title**
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Section 1. Identifying Information

1. Given Name (First Name)  Peng
2. Surname (Last Name)  Yu
3. Date  09-April-2020
4. Are you the corresponding author?  Yes  No
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Dr. Yu has nothing to disclose.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
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Section 1. Identifying Information

1. Given Name (First Name)
Ming

2. Surname (Last Name)
Dong

3. Date
09-April-2020

4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title
Colchicine Poisoning Complicated by Medulla Oblongata Myelinolysis: A Case Report

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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.)? Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication. Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Dr. Dong has nothing to disclose.

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