ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

3. Relevant financial activities outside the submitted work.


5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>wei</td>
<td>wu</td>
<td>04-June-2020</td>
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</table>

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Platelet maximum aggregation rate serves as a marker in diagnosis and prognosis in patients with sepsis

6. Manuscript Identifying Number (if you know it)  
   APM-19-349

### Section 2. The Work Under Consideration for Publication

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Dr. wu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Zili

2. Surname (Last Name) 
   Fan

3. Date 
   04-June-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title
   Platelet maximum aggregation rate serves as a marker in diagnosis and prognosis in patients with sepsis

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)  
   Chenjiao

2. Surname (Last Name)  
   Yao

3. Date  
   04-June-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Zili Fan

5. Manuscript Title  
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1. Given Name (First Name)  
   Jie

2. Surname (Last Name)  
   Wu

3. Date  
   04-June-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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1. **Given Name (First Name)**
   - Shuhui

2. **Surname (Last Name)**
   - Tao

3. **Date**
   - 04-June-2020

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

   **Corresponding Author’s Name**
   - Zili Fan

5. **Manuscript Title**
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