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) Chunyan
2. Surname (Last Name) Lin
3. Date 04-June-2020
4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author's Name Min Jiang

5. Manuscript Title
Use of thromboelastography to monitor the hemocoagulaseffects on blood coagulation status inpatients after thoracic surgery
6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Jian
2. Surname (Last Name) Zhang
3. Date 04-June-2020
4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author’s Name Min Jiang

5. Manuscript Title
Use of thromboelastography to monitor the hemocoagulaseffects on blood coagulation status inpatients after thoracic surgery
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Xiang
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Yang

2. Surname (Last Name)  
   Xiang

3. Date  
   04-June-2020

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

Corresponding Author’s Name  
   Min Jiang

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   Use of thromboelastography to monitor the hemocoagulaseffects on blood coagulation status inpatients after thoracic surgery

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Section 1. Identifying Information

1. Given Name (First Name)  Cheng
2. Surname (Last Name)  Jing
3. Date  04-June-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
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2. Surname (Last Name)  
   Sun

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Dr. Sun has nothing to disclose.

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Definitions.

- **Entity**: government agency, foundation, commercial sponsor, academic institution, etc.
- **Grant**: A grant from an entity, generally (but not always) paid to your organization
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- **Royalties**: Funds are coming in to you or your institution due to your patent
## Identifying Information

1. Given Name (First Name) Min
2. Surname (Last Name) Jiang
3. Date 04-June-2020
4. Are you the corresponding author? Yes ☑ No □

5. Manuscript Title
   Use of thromboelastography to monitor the hemocoagulaseffects on blood coagulation status inpatients after thoracic surgery
6. Manuscript Identifying Number (if you know it)

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## 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. Jiang has nothing to disclose.

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