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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<td>Fusheng</td>
<td>Wei</td>
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<td>4. Are you the corresponding author?</td>
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Dr. Wei has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Yingchuan

2. Surname (Last Name)  
Hu

3. Date  
17-June-2020

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

5. Manuscript Title  
Effect of perfluorocarbon partial liquid ventilation—induced hypothermia on dogs with acute lung injury

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Dr. Hu has nothing to disclose.

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<td>2. Surname (Last Name)</td>
<td>Jiang</td>
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<td>3. Date</td>
<td>17-June-2020</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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**Corresponding Author's Name**
Lei Yang

**Manuscript Title**
Effect of perfluorocarbon partial liquid ventilation—induced hypothermia on dogs with acute lung injury

**Manuscript Identifying Number (if you know it)**

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Dr. Jiang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Lingling
2. Surname (Last Name)  Ye
3. Date  17-June-2020
4. Are you the corresponding author?  ☑ No
  Corresponding Author’s Name  Lei Yang
5. Manuscript Title  Effect of perfluorocarbon partial liquid ventilation—induced hypothermia on dogs with acute lung injury
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Dr. Ye has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Lei

2. Surname (Last Name)  
   Yang

3. Date  
   17-June-2020

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

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