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)  
   Weiqi

2. Surname (Last Name)  
   Wang

3. Date  
   08-April-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Jun Qu

5. Manuscript Title  
   An unusual increase of D-dimer level – pylephlebitis caused by acute appendicitis: A case report

6. Manuscript Identifying Number (if you know it)  
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Dr. Wang has nothing to disclose.

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1. Given Name (First Name)  
Siyin

2. Surname (Last Name)  
Chen

3. Date  
08-April-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Jun Qu

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

1. **Given Name (First Name)**
   - Wenqiang

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

3. **Date**
   - 08-April-2020

4. **Are you the corresponding author?**
   - No

   **Corresponding Author’s Name**
   - Jun Qu

5. **Manuscript Title**
   - An unusual increase of D-dimer level – pylephlebitis caused by acute appendicitis: A case report

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   Jun

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   Qu

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