ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
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<td>Yulan</td>
<td>Geng</td>
<td>20-August-2020</td>
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<th>5. Manuscript Title</th>
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<td>Recurrent arterial thrombosis of the lower extremity with secondary thrombocytemia due to reperfusion injury: a case report</td>
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<td>APM-20-1649</td>
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<tr>
<th>Corresponding Author’s Name</th>
<th>Xinqi He</th>
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Dr. Geng has nothing to disclose.

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Identifying Information

1. Given Name (First Name)  Zhengli
2. Surname (Last Name)  Chen
3. Date  20-August-2020
4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  Xinqi He
5. Manuscript Title  Recurrent arterial thrombosis of the lower extremity with secondary thrombocythemia due to reperfusion injury: a case report
6. Manuscript Identifying Number (if you know it)  APM-20-1649

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Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name)  
   Lili

2. Surname (Last Name)  
   Dai

3. Date  
   20-August-2020

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

   Corresponding Author’s Name  
   Xinqi He

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

2. Surname (Last Name)  
liu

3. Date  
20-August-2020

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

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