

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Zaibo	2. Surname (Last Name) Liao	3. Date 21-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tianlei Cui
5. Manuscript Title A case report of sharp recanalization in a hemodialysis patient with severe occlusion of both superior and inferior vena cave		
6. Manuscript Identifying Number (if you know it) APM-21-189		

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Dr. Liao has nothing to disclose.

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1. Given Name (First Name) Li	2. Surname (Last Name) Zhou	3. Date 21-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tianlei Cui
5. Manuscript Title A case report of sharp recanalization in a hemodialysis patient with severe occlusion of both superior and inferior vena cave		
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Dr. Zhou has nothing to disclose.

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1. Given Name (First Name)

Tianlei

2. Surname (Last Name)

Cui

3. Date

21-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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