

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zhiyuan	2. Surname (Last Name) Zhang	3. Date 19-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Long Jin
5. Manuscript Title Balloon dilatation for hepatic venous outflow obstruction treatment following pediatric liver transplantation		
6. Manuscript Identifying Number (if you know it) 36361		

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Dr. Zhang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Long

2. Surname (Last Name)

Jin

3. Date

19-October-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Balloon dilatation for hepatic venous outflow obstruction treatment following pediatric liver transplantation

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Guang

2. Surname (Last Name)
Chen

3. Date
19-October-2017

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Long Jin

5. Manuscript Title
Balloon dilatation for hepatic venous outflow obstruction treatment following pediatric liver transplantation

6. Manuscript Identifying Number (if you know it)
36361

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Section 1. Identifying Information

1. Given Name (First Name) Tianhao	2. Surname (Last Name) Su	3. Date 19-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Long Jin
5. Manuscript Title Balloon dilatation for hepatic venous outflow obstruction treatment following pediatric liver transplantation		
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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Long Jin
5. Manuscript Title Balloon dilatation for hepatic venous outflow obstruction treatment following pediatric liver transplantation		
6. Manuscript Identifying Number (if you know it) 36361		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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1. Given Name (First Name) Zhenchang	2. Surname (Last Name) Wang	3. Date 19-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Long Jin
5. Manuscript Title Balloon dilatation for hepatic venous outflow obstruction treatment following pediatric liver transplantation		
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5. Manuscript Title Balloon dilatation for hepatic venous outflow obstruction treatment following pediatric liver transplantation		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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