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)  
Jia-Gui

2. Surname (Last Name)  
Ma

3. Date  
26-August-2020

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

Corresponding Author's Name  
Xiu-Ming Xi

5. Manuscript Title  
Clinical characteristics and outcomes of mechanically ventilated elderly patients in intensive care units: a Chinese multicentre retrospective study

6. Manuscript Identifying Number (if you know it)  
JTD-20-2748

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Dr. Ma has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Bo
2. Surname (Last Name) Zhu
3. Date 26-August-2020
4. Are you the corresponding author? Yes ☐  No ☑
   Corresponding Author's Name Xiu-Ming Xi

5. Manuscript Title
   Clinical characteristics and outcomes of mechanically ventilated elderly patients in intensive care units: a Chinese multicentre retrospective study
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Section 1. Identifying Information

1. Given Name (First Name)  
   Li

2. Surname (Last Name)  
   Jiang

3. Date  
   26-August-2020

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

Corresponding Author's Name  
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5. Manuscript Title  
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1. Given Name (First Name) Qi
2. Surname (Last Name) Jiang
3. Date 26-August-2020
4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author's Name
Xiu-Ming Xi

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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2. Surname (Last Name)      Xi
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