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)  
Bin

2. Surname (Last Name)  
Li

3. Date  
17-December-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Jin Cai

5. Manuscript Title  
The effect of complicated febrile convulsion on hippocampal function and its antiepileptic treatment significance

6. Manuscript Identifying Number (if you know it)  
TP-20--458

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Wu
# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. **Given Name (First Name)**  
   Youjia  
2. **Surname (Last Name)**  
   Wu  
3. **Date**  
   17-December-2020  
4. **Are you the corresponding author?**  
   Yes
5. **Manuscript Title**  
   The effect of complicated febrile convulsion on hippocampal function and its antiepileptic treatment significance  
6. **Manuscript Identifying Number (if you know it)**  
   TP-20--458

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Dr. Wu has nothing to disclose.

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   Qingjuan

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   He

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   17-December-2020

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   Jin Cai

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1. Given Name (First Name)  Hui
2. Surname (Last Name)  Zhou
3. Date  17-December-2020

4. Are you the corresponding author?  No

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

2. Surname (Last Name)  
   Cai

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   17-December-2020

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