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)  Fan
2. Surname (Last Name)  Yin
3. Date  18-March-2020
4. Are you the corresponding author?  No
5. Manuscript Title
   The therapeutic effect of high-volume hemofiltration on sepsis: a systematic review and meta-analysis
6. Manuscript Identifying Number (if you know it)
   ATM-19-3715

Section 2. The Work Under Consideration for Publication

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Dr. Yin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Fang
2. Surname (Last Name)  Zhang
3. Date  18-March-2020
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name
Botao Ning and Shijian Liu

5. Manuscript Title
The therapeutic effect of high-volume hemofiltration on sepsis: a systematic review and meta-analysis

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Dr. Zhang has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Shijian</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Liu</td>
</tr>
<tr>
<td>3. Date</td>
<td>18-March-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>✔ Yes</td>
</tr>
</tbody>
</table>

**5. Manuscript Title**
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Dr. Liu has nothing to disclose.

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1. Given Name (First Name)  Botao
2. Surname (Last Name)  Ning
3. Date  18-March-2020
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