ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name) Shaohui
2. Surname (Last Name) Wu
3. Date 25-October-2020
4. Are you the corresponding author? Yes ☐ No ✔
   Corresponding Author’s Name Guangchen Zou
5. Manuscript Title Effects of COVID-19 on the cardiovascular system
6. Manuscript Identifying Number (if you know it) JXYM-20-105

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Dr. Wu has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
Guangchen  

2. Surname (Last Name)  
Zou  

3. Date  
25-October-2020  

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

5. Manuscript Title  
Effects of COVID-19 on the cardiovascular system  

6. Manuscript Identifying Number (if you know it)  
JXYM-20-105

## Section 2. The Work Under Consideration for Publication

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<tr>
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<td>2. Surname (Last Name)</td>
<td>Zhang</td>
</tr>
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