

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## Identifying information.

### 2. The work under consideration for publication.

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## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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

Uziebło-Życzkowska 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Beata	2. Surname (Last Name) Uziebło-Życzkowska	3. Date
4. Are you the corresponding author?	✓ Yes No	
<ul><li>5. Manuscript Title</li><li>Prevalence and risk factors of left atrial anticoagulants</li><li>6. Manuscript Identifying Number (if you known to be a compared to be a co</li></ul>	·	tion and lower class (IIa) recommendation to
CDT-20-151-R2		
Section 2. The Work Under C	onsideration for Publication	
	g but not limited to grants, data monitoring	(government, commercial, private foundation, etc.) for g board, study design, manuscript preparation,
Continu 2		
Section 3. Relevant financial	activities outside the submitted	work.
of compensation) with entities as descr	ibed in the instructions. Use one line for port relationships that were <b>present d</b> e	ove financial relationships (regardless of amount or each entity; add as many lines as you need by uring the 36 months prior to publication.
Section 4. Intellectual Proper	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly releva	nt to the work? Yes V No

Uziebło-Życzkowska 2



Section 5. Polotionskips not sovered above
Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Uziebło-Życzkowska has nothing to disclose.

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patent

Krzesiński 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Paweł	rst Name)	2. Surname Krzesiński	(Last Name)	3. Date 30-April-2	2020
4. Are you the cor	responding author?	Yes	<b>√</b> No	Corresponding Author's Name Beata Uziębło-Życzkowska	
atrial fibrillation	e risk factors of left atrial and lower class (IIa) rec ntifying Number (if you kr	commendation	•	ulants	
Section 2.	The Work Under Co	onsideratio	on for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limite	ed to grants, da	a third party (government, commercial, p a monitoring board, study design, manus	
Section 3.					
occuron or	Relevant financial	activities o	utside the s	ubmitted work.	
of compensation clicking the "Add	n) with entities as descri	ibed in the in port relations	structions. Us ships that wer	ther you have financial relationships e one line for each entity; add as man e present during the 36 months pri	y lines as you need by
Section 4.	Intellectual Proper	rty Paten	ts & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending	g or issued, bro	eadly relevant to the work? Yes	✓ No

Krzesiński 2



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Dr. Krzesiński has nothing to disclose.

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Kapłon-Cieślicka 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Agnieszka	2. Surname (Last Name) Kapłon-Cieślicka		3. Date 04-May-2020	
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's N Beata Uziębło-Życzkow		
5. Manuscript Title Prevalence and risk factors of left atrial anticoagulants	thrombus in patients witl	n atrial fibrillation and low	er class (IIa) recommendation to	
6. Manuscript Identifying Number (if you kr CDT-20-151-R2	now it)	_		
Section 2. The Work Under C				
The Work Under Co	onsideration for Publ	ication		
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, d			for
Section 3. Relevant financial	activities outside the	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as describle clicking the "Add +" box. You should rep	ibed in the instructions. U	Ise one line for each entity	; add as many lines as you need b	
Are there any relevant conflicts of interest				
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Grant•	on-Financial Other? Co	omments	
Bayer				
Boehringer Ingelheim				
MSD				
Pfizer				

Kapłon-Cieślicka 2



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Jurek 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Agnieszka	rst Name)	2. Surname (Last Name) Jurek	3. Date
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Beata Uzieblo-Zyczkowska
5. Manuscript Title Prevalence and r anticoagulants		thrombus in patients with	atrial fibrillation and lower class (IIa) recommendation to
6. Manuscript Ider CDT-20-151-R2	ntifying Number (if you kr	now it)	
	ı		
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Section 4.	Intellectual Proper	rty Patents & Copyrig	hts
Do you have any			oadly relevant to the work? Yes V

Jurek 2



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Budnik 1



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4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Beata Uziębło-Życzkowska
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Do you have any patents, whether plan		

Budnik 2



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Gorczyca 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Iwona	2. Surname (Last Name) Gorczyca	3. Date 29-April-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Beata Uziębło-Życzkowska
<ol> <li>Manuscript Title Prevalence and risk factors of left atrial atrial fibrillation and lower class (IIa) red</li> <li>Manuscript Identifying Number (if you known)</li> <li>CDT-20-151-R2</li> </ol>	commendation to anticoag	
Section 2. The Work Under C	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Proper	rty Patents & Copyric	nhts
Do you have any patents, whether plan		

Gorczyca 2



Section F
Section 5. Relationships not covered above
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Dr. Gorczyca reports and paid lectures for Bayer, Boehringer Ingelheim.

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Gorczyca 3



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

Kiliszek 1



Section 1. Identify	ing Information	
1. Given Name (First Name) Marek	2. Surname (Last Name) Kiliszek	3. Date
4. Are you the corresponding	author? Yes V No	Corresponding Author's Name Beata Uzieblo-Zyczkowska
5. Manuscript Title Prevalence and risk factors of anticoagulants	of left atrial thrombus in patients with a	atrial fibrillation and lower class (IIa) recommendation to
6. Manuscript Identifying Num CDT-20-151-R1	ber (if you know it)	
Section 2. The Wor	k Under Consideration for Publica	ation
	ork (including but not limited to grants, data	third party (government, commercial, private foundation, etc.) for a monitoring board, study design, manuscript preparation,
Section 3. Relevant	financial activities outside the su	ıbmitted work.
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Section 4. Intellect	ual Property Patents & Copyrig	nts
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Kiliszek 2



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Wójcik 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Agnieszka	2. Surname (Last Name) Wójcik	3. Date
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Beata Uzieblo-Zyczkowska
<ol><li>Manuscript Title Prevalence and risk factors of left atrial anticoagulants</li></ol>	thrombus in patients with	atrial fibrillation and lower class (IIa) recommendation to
6. Manuscript Identifying Number (if you k CDT-20-151-R2	now it)	_
Section 2. The Week Under Co	Consideration for Public	
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant connects of lines	est: Tes y No	
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of compensation) with entities as descr clicking the "Add +" box. You should re	ribed in the instructions. Us port relationships that wer	rether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of inter	rest?	
Section 4. Intellectual Prope	utu. Datanta 9 Canuui	uhaa.
Intellectual Prope	rty Patents & Copyric	gnts
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Wójcik 2



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Relationships not covered above
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Gawałko 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Monika	2. Surname (Last Name) Gawałko	3. Date 05-May-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Beata Uziębło-Życzkowska
5. Manuscript Title Prevalence and risk factors of left atrial anticoagulants	thrombus in patients with	atrial fibrillation and lower class (IIa) recommendation to
6. Manuscript Identifying Number (if you kr CDT-20-151-R2	now it)	
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Gawałko 2



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Jelonek 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Olga	2. Surname (Last Name) Jelonek	3. Date 30-April-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Beata Uziębło-Życzkowska
<ol><li>Manuscript Title Prevalence and risk factors of left atrial anticoagulants.</li></ol>	thrombus in patients with	atrial fibrillation and lower class (IIa) recommendation to
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Jelonek 2



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Michalska 1



Section 1. Identifying Info	ormation	
1. Given Name (First Name) Anna	2. Surname (Last Name) Michalska	3. Date 30-April-2020
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Beata Uziębło-Życzkowska
<ol> <li>Manuscript Title</li> <li>Prevalence and risk factors of left atratrial fibrillation and lower class (IIa)</li> </ol>		
6. Manuscript Identifying Number (if yo CDT-20-151-R1	u know it)	
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Michalska 2



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Starzyk 1



Section 1. Identifying Inforn	nation	
1. Given Name (First Name) Katarzyna	2. Surname (Last Name) Starzyk	3. Date 04-May-2020
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Beata Uziębło-Życzkowska
<ul> <li>5. Manuscript Title</li> <li>Prevalence and risk factors of left atrial anticoagulants.</li> <li>6. Manuscript Identifying Number (if you known)</li> <li>CDT-20-151-R2</li> </ul>		atrial fibrillation and lower class (IIa) recommendation to
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Section 2. The Work Under C	onsideration for Public	cation
· · · · · · · · · · · · · · · · · · ·	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate wh ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Business		
Intellectual Prope	rty Patents & Copyric	ghts
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes Vo

Starzyk 2



Section 5. Polationships not solvered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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Dr. Starzyk has nothing to disclose.

#### **Evaluation and Feedback**

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Starzyk 3



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Scisło 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Piotr	2. Surname (Last Name) Scisło	3. Date 05-May-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Beata Uziębło-Życzkowska
5. Manuscript Title Prevalence and risk factors of left atrial anticoagulants	thrombus in patients with	atrial fibrillation and lower class (IIa) recommendation to
6. Manuscript Identifying Number (if you kr CDT-20-151-R2	now it)	_
Section 2. The Weath Harden C		
The Work Under Co	onsideration for Public	cation
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Section 3. Relevant financial	activities outside the s	submitted work.
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Section 4. Intellectual Proper	rty Patents & Copyric	ahts
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Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Scisło 2



Section 5.	
R	Relationships not covered above
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ing, what you wrote in the submitted work?
Yes, the following	ng relationships/conditions/circumstances are present (explain below):
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Section 6.	visclosure Statement
below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box
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Kochanowski 1



Section 1. Identifying Inform	nation	
Given Name (First Name)  Janusz	Surname (Last Name)     Kochanowski	3. Date 06-May-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Beata Uziębło-Życzkowska
5. Manuscript Title Prevalence and risk factors of left atrial anticoagulants	thrombus in patients with	atrial fibrillation and lower class (IIa) recommendation to
6. Manuscript Identifying Number (if you kr CDT-20-151-R2	now it)	_
Section 2. The Work Under C		
The work onder C	onsideration for Public	
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?		
Are there any relevant conflicts of interest	est? Yes ✓ No	
Section 3. Polyvent financial		
Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
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Section 4. Intellectual Proper	rty Patents & Copyric	ahts
Do you have any patents, whether plan	ined, pending or issued, br	roadly relevant to the work? ☐ Yes ✓ No

Kochanowski 2



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Filipiak 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Krzysztof J.	2. Surname (Last Name) Filipiak	3. Date 05-May-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Beata Uziębło-Życzkowska
<ol><li>Manuscript Title Prevalence and risk factors of left atrial anticoagulants</li></ol>	thrombus in patients with	atrial fibrillation and lower class (IIa) recommendation to
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any aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants, da	a a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inter	rest? Yes ✓ No	
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Continu A		
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V No

Filipiak 2



Section 5. Polotionskips not sovered above
Relationships not covered above
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Wożakowska-Kapłon 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Beata	2. Surname (Last Name) Wożakowska-Kapłon	3. Date 30-April-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Beata Uziębło-Życzkowska	
5. Manuscript Title Prevalence and risk factors of left atrial atrial fibrillation and lower class (lla) re	•		
6. Manuscript Identifying Number (if you k CDT-20-151-R2	now it)	_	
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Are there any relevant conflicts of interest? Yes Vo			
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Wożakowska-Kapłon 2



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Cartion	
Section 6.	Disclosure Statement
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Dr. Wożakowska	-Kapłon reports and paid lectures for Bayer, Boehringer Ingelheim, Pfeizer.

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Wożakowska-Kapłon 3



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## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

## 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Opolski 1



Section 1. Identifying Inform	nation	
Given Name (First Name)  Grzegorz	Surname (Last Name)     Opolski	3. Date 05-May-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Beata Uziębło-Życzkowska
5. Manuscript Title Prevalence and risk factors of left atrial anticoagulants	thrombus in patients with	atrial fibrillation and lower class (IIa) recommendation to
6. Manuscript Identifying Number (if you k CDT-20-151-R2	now it)	
Section 2. The Week Under Co		
The work onder C	Consideration for Public	
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?		
Are there any relevant conflicts of inter	rest? Yes Vo	
Section 3. Polovant financial	activities outside the s	rubmitted work
of compensation) with entities as descr	ribed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of inter	· ·	
Section 4. Intellectual Prope	rty Patents & Copyrig	white
Intellectual Prope	rty Patents & Copyrig	gnics —
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes No

Opolski 2



Section 5. Polotionskips not solvered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disabella Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Opolski has nothing to disclose.

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Opolski 3



#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

### Identifying information.

### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes"

### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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Gielerak 1



Section 1. Identifying Inforn	nation	
1. Given Name (First Name) Grzegorz	2. Surname (Last Name) Gielerak	3. Date
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Beata Uzieblo-Zyczkowska
5. Manuscript Title Prevalence and risk factors of left atrial anticoagulants	thrombus in patients with	atrial fibrillation and lower class (IIa) recommendation to
6. Manuscript Identifying Number (if you ki CDT-20-151-R2	now it)	_
Section 2. The Week Harden Co		
The Work Under C	onsideration for Public	cation
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  No		
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4. Intellectual Prope	rty Patents & Copyric	ghts
Do you have any patents, whether plan		

Gielerak 2



Section 5. Polotionships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships.
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Dr. Gielerak has nothing to disclose.

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