

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Liping	2. Surname (Last Name) Sun	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Yu
5. Manuscript Title Association of ABO blood groups and non-culprit plaque characteristics in acute coronary syndrome: an optical coherence tomography study		
6. Manuscript Identifying Number (if you know it) ATM-20-5381		

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Dr. Sun has nothing to disclose.

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1. Given Name (First Name) Xiling	2. Surname (Last Name) Zhang	3. Date
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Rong

2. Surname (Last Name)
Sun

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Yes No

Corresponding Author's Name
Bo Yu

5. Manuscript Title
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Lin

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Lin

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Corresponding Author's Name

Bo Yu

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Yu
5. Manuscript Title Association of ABO blood groups and non-culprit plaque characteristics in acute coronary syndrome: an optical coherence tomography study		
6. Manuscript Identifying Number (if you know it) ATM-20-5381		

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Yan

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