

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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

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Section 1. Identifying Information

1. Given Name (First Name)

Jun

2. Surname (Last Name)

Qian

3. Date

14-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Xuebo Liu ; Fei Xhen

5. Manuscript Title

A predictive nomogram of bleeding risk in patients with atrial fibrillation after drug-eluting stent implantation

6. Manuscript Identifying Number (if you know it)

ATM-20-3971

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Dr. Qian has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Jiyong | 2. Surname (Last Name) Zan | 3. Date 14-September-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Xuebo Liu ; Fei Xhen |
| 5. Manuscript Title A predictive nomogram of bleeding risk in patients with atrial fibrillation after drug-eluting stent implantation | | |
| 6. Manuscript Identifying Number (if you know it) ATM-20-3971 | | |

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Lijun

2. Surname (Last Name)

Kuang

3. Date

14-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Xuebo Liu ; Fei Xhen

5. Manuscript Title

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Dr. Kuang has nothing to disclose.

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| | | |
|--|---|---|
| 1. Given Name (First Name) Lin | 2. Surname (Last Name) Che | 3. Date 14-September-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Xuebo Liu ; Fei Xhen |
| 5. Manuscript Title A predictive nomogram of bleeding risk in patients with atrial fibrillation after drug-eluting stent implantation | | |
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| | | |
|--|---|---|
| 1. Given Name (First Name) Yunan | 2. Surname (Last Name) Yu | 3. Date 14-September-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Xuebo Liu ; Fei Xhen |
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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Ting | 2. Surname (Last Name) Shen | 3. Date 14-September-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Xuebo Liu ; Fei Xhen |
| 5. Manuscript Title A predictive nomogram of bleeding risk in patients with atrial fibrillation after drug-eluting stent implantation | | |
| 6. Manuscript Identifying Number (if you know it) ATM-20-3971 | | |

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Jiani | 2. Surname (Last Name) Tang | 3. Date 14-September-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Xuebo Liu ; Fei Xhen |
| 5. Manuscript Title A predictive nomogram of bleeding risk in patients with atrial fibrillation after drug-eluting stent implantation | | |
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Section 1. Identifying Information

1. Given Name (First Name)

Fei

2. Surname (Last Name)

Chen

3. Date

14-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A predictive nomogram of bleeding risk in patients with atrial fibrillation after drug-eluting stent implantation

6. Manuscript Identifying Number (if you know it)

ATM-20-3971

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Section 1. Identifying Information

1. Given Name (First Name)

Xuebo

2. Surname (Last Name)

Liu

3. Date

14-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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