

## ICMJE DISCLOSURE FORM

Date: May 2<sup>nd</sup>, 2021

Your Name: Peng Gao *Peng Gao*

Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
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11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

**Please summarize the above conflict of interest in the following box:**

I have no conflict of interest of all above items.

**Please place an “X” next to the following statement to indicate your agreement:**

**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: May 2<sup>nd</sup>, 2021  
 Your Name: Wei Wu *Wei Wu*  
 Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)  
 Manuscript number (if known): \_\_\_\_\_

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Date: May 2<sup>nd</sup>, 2021

Your Name: Ran Tian 

Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)

Manuscript number (if known): \_\_\_\_\_

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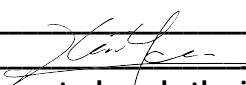
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## ICMJE DISCLOSURE FORM

Date: May 2<sup>nd</sup>, 2021  
 Your Name: Xiaowei Yan   
 Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)  
 Manuscript number (if known): \_\_\_\_\_

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Date: May 2<sup>nd</sup>, 2021  
 Your Name: Hao Qian *Hao Qian*  
 Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)  
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Date: May 2<sup>nd</sup>, 2021  
 Your Name: Fan Guo *Fan Guo*  
 Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)  
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## ICMJE DISCLOSURE FORM

Date: May 2<sup>nd</sup>, 2021  
 Your Name: Taisheng Li *Li Taisheng*  
 Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)  
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## ICMJE DISCLOSURE FORM

Date: May 2<sup>nd</sup>, 2021  
 Your Name: Zhengyin Liu *Zhengyin Liu*  
 Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)  
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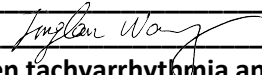
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 Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)  
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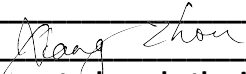
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 Your Name: Xiang Zhou   
 Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)  
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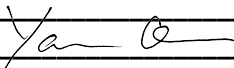
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 Your Name: Yan Qin   
 Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)  
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

**Please summarize the above conflict of interest in the following box:**

I have no conflict of interest of all above items.

**Please place an "X" next to the following statement to indicate your agreement:**

**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: May 2<sup>nd</sup>, 2021

Your Name: Dachun Zhao *dachunzhao*

Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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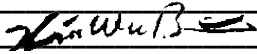
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## ICMJE DISCLOSURE FORM

Date: May 2<sup>nd</sup>, 2021  
 Your Name: Xiuwu Bian   
 Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)  
 Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

Date: May 2<sup>nd</sup>, 2021  
 Your Name: Xue Lin *Xue Lin*  
 Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: May 2<sup>nd</sup>, 2021

Your Name: Shuyang Zhang 

Manuscript Title: Association between tachyarrhythmia and mortality in a cohort of critically ill patients with coronavirus disease 2019 (COVID-19)

Manuscript number (if known): \_\_\_\_\_

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