

# ICMJE DISCLOSURE FORM

Date: April.19<sup>th</sup>.2021

Your Name: Bingqing Deng

Manuscript Title: 3D transesophageal echocardiography assists in evaluating the morphology, function, and presence of thrombi of left atrial appendage in patients with atrial fibrillation

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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None of conflict of interest in this research group.

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

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Date: April.19<sup>th</sup>.2021

Your Name: Ruqiong Nie

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Date: April.19<sup>th</sup>.2021

Your Name: Qiong Qiu

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Your Name: Yingmei Liu

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Your Name: Hanlu Lv

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Date: April.19<sup>th</sup>.2021

Your Name: Shaoxin Zheng

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Your Name: Jingfeng Wang

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