Date:____June. 7th, 2021____ Your Name:___ Jixiang Wang _ Manuscript Title:____ The clinical features and prognosis of type 4C myocardial infarction in patients with nonsegment ST elevation myocardial infarction ____ Manuscript number (if known):___ ATM-21-2587_____

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

[
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ŭ	testimony		
	testimony		
7	Compared from other allows	V. Nove	
7	Support for attending meetings and/or travel	XNone	
	U V		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12		N Marca	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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Date:____June. 7th, 2021____ Your Name:___ Honggang Gao _ Manuscript Title:____ The clinical features and prognosis of type 4C myocardial infarction in patients with nonsegment ST elevation myocardial infarction ____ Manuscript number (if known):___ ATM-21-2587_____

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4	Consulting fees	XNone	

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7	Support for attending	XNone
	meetings and/or travel	
8	Patents planned, issued or	XNone
Ŭ	pending	
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other	
	services	
4.2		
13	Other financial or non-	XNone
	financial interests	

None.

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 Date:_____June. 7th, 2021____

 Your Name:____Jianyong Xiao _

 Manuscript Title:_____ The clinical features and prognosis of type 4C myocardial infarction in patients with non-segment ST elevation myocardial infarction _____

 Manuscript number (if known):_____ ATM-21-2587______

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3	Royalties or licenses	XNone	
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	manuscript writing or	
	educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending	XNone
	meetings and/or travel	
8	Patents planned, issued or	XNone
Ŭ	pending	
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other	
	services	
4.2		
13	Other financial or non-	XNone
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None.

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Date:____June. 7th, 2021____ Your Name:___ Mingdong Gao _ Manuscript Title:____ The clinical features and prognosis of type 4C myocardial infarction in patients with nonsegment ST elevation myocardial infarction ____ Manuscript number (if known):___ ATM-21-2587_____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone
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	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending	XNone
	meetings and/or travel	
8	Patents planned, issued or	XNone
Ŭ	pending	
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other	
	services	
4.2		
13	Other financial or non-	XNone
	financial interests	

None.

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Date:____June. 7th, 2021____ Your Name:___ Yin Liu _ Manuscript Title:_____ The clinical features and prognosis of type 4C myocardial infarction in patients with nonsegment ST elevation myocardial infarction ____ Manuscript number (if known):____ ATM-21-2587_____

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6	Payment for expert	XNone
	testimony	
7	Support for attending	XNone
	meetings and/or travel	
8	Patents planned, issued or	XNone
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	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
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12	Receipt of equipment,	X None
	materials, drugs, medical	
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4.2		
13	Other financial or non-	XNone
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