

ICMJE DISCLOSURE FORM

Date: June 16,2021
 Your Name: Yanting luo
 Manuscript Title: Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis
 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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Please summarize the above conflict of interest in the following box:

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ICMJE DISCLOSURE FORM

Date: June 16,2021
 Your Name: Bingyuan Wu
 Manuscript Title: Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis
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ICMJE DISCLOSURE FORM

Date: June 16, 2021
 Your Name: Yuankai Wu
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ICMJE DISCLOSURE FORM

Date: June 16,2021
 Your Name: Long Peng
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ICMJE DISCLOSURE FORM

Date: June 16,2021
 Your Name: Zexiong Li
 Manuscript Title: Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis
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ICMJE DISCLOSURE FORM

Date: June 16, 2021
 Your Name: Jieming Zhu
 Manuscript Title: Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis
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ICMJE DISCLOSURE FORM

Date: June 16, 2021
 Your Name: Zhongzhen Su
 Manuscript Title: Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis
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ICMJE DISCLOSURE FORM

Date: June 16,2021
 Your Name: Jinlai Liu
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 Your Name: Suhua Li
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