

## ICMJE DISCLOSURE FORM

Date: Oct. 14<sup>th</sup>, 2021

Your Name: Jian Li

Manuscript Title: Risk factors for delirium after coronary artery bypass grafting in elderly patients

Manuscript number (if known): ATM-21-5160

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:**

None.

**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: Oct. 14<sup>th</sup>, 2021

Your Name: Dongmei Meng

Manuscript Title: Risk factors for delirium after coronary artery bypass grafting in elderly patients

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Date: Oct. 14<sup>th</sup>, 2021

Your Name: Chao Chang

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Your Name: Chang Xie

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Date: Oct. 14<sup>th</sup>, 2021

Your Name: Zhenhua Wu

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