

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chorchana wichian

2. Surname (Last Name)
Wichian

3. Date
28-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Prevalence and predictors associated with in-hospital mortality in acute ST segment elevation myocardial infarction after reperfusion therapy in developing country

6. Manuscript Identifying Number (if you know it)

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Dr. Wichian has nothing to disclose.

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Thotsaporn

2. Surname (Last Name)

Morasert

3. Date

28-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Chorchana Wichian

5. Manuscript Title

Prevalence and predictors associated with in-hospital mortality in acute ST segment elevation myocardial infarction after reperfusion therapy in developing country

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Thanapon

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Nilmoje

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28-July-2020

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Corresponding Author's Name

Chorchana Wichian

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chorchana Wichian
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