ICMJE DISCLOSURE FORM

Da	te:9/13/22		
Yo	ur Name:	Narut Prasitlumkum	
Ma	nuscript Title: Atrial fil	brillation ablation in hemo	odialysis patients: A new realm on the overlooked 1041
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
•••	Royalties or licenses	None	
ļ	Consulting fees	None	

5	Payment or honoraria for	_¬_/None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
-	C	/ N	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
		/	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
42	services		
13	Other financial or non- financial interests	None	
	illialiciai iliterests		
Ple	ease summarize the above c	onflict of interest in the	following box:

I have no relevant conflict interest			

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:	_9/13/22
Your Name:	Ronpichai Chokesuwattanaskul
Manuscript Title:_	Atrial fibrillation ablation in hemodialysis patients: A new realm on the overlooked
Manuscript numb	per (if known): APM-22-1041

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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4	Consulting fees	None	

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	educational events		
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	testimony		
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		/	
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	pending		
		/	
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	Advisory Board		
10	Leadership or fiduciary role	Mone	
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	committee or advocacy		
	group, paid or unpaid	,	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical	9	
	writing, gifts or other		
	services	/	
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:

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ICMJE DISCLOSURE FORM

Date:	_9/13/22
Your Name:	Wisit Cheungpasitporn
Manuscript Title:_	Atrial fibrillation ablation in hemodialysis patients: A new realm on the overlooked
Manuscript numb	er (if known): APM-22-1041

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Mone	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Please summarize the above conflict of interest in the following box:

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