

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zheng	2. Surname (Last Name) Wan	3. Date 20-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yilin Zhao
5. Manuscript Title Drug discovery in cardiovascular disease identified by text mining and data analysis		
6. Manuscript Identifying Number (if you know it) APM-20-705		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Wan has nothing to disclose.

Evaluation and Feedback

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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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1. Given Name (First Name)

Yilin

2. Surname (Last Name)

Zhao

3. Date

19-June-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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