

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) Hai-Rong	2. Surname (Last Name) Yu	3. Date 02-April-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jian-Zeng Dong
5. Manuscript Title Evaluation of Medical Quality and Treatment Trends of Nonvalvular Atrial Fibrillation in Beijing inpatients		
6. Manuscript Identifying Number (if you know it) APM-20-1925		

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

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Dr. Yu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chang-Sheng	2. Surname (Last Name) Ma	3. Date 02-April-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jian-Zeng Dong
5. Manuscript Title Evaluation of Medical Quality and Treatment Trends of Nonvalvular Atrial Fibrillation in Beijing inpatients		
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Dr. Ma has nothing to disclose.

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1. Given Name (First Name) Xin	2. Surname (Last Name) Du	3. Date 02-April-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jian-Zeng Dong
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1. Given Name (First Name) San-Shuai	2. Surname (Last Name) Chang	3. Date 02-April-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jian-Zeng Dong
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Section 1. Identifying Information

1. Given Name (First Name)

Jian-Zeng

2. Surname (Last Name)

Dong

3. Date

02-April-2021

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Evaluation of Medical Quality and Treatment Trends of Nonvalvular Atrial Fibrillation in Beijing inpatients

6. Manuscript Identifying Number (if you know it)

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