

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) Xia	2. Surname (Last Name) Yuan	3. Date 08-May-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qin Wei; Lin Ying
5. Manuscript Title Effect of continuity of care on anticoagulant therapy and quality of life after heart valve replacement: a meta-analysis		
6. Manuscript Identifying Number (if you know it) APM-21-1167		

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Are there any relevant conflicts of interest? Yes No

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Dr. Yuan 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) Yihong	2. Surname (Last Name) Chen	3. Date 08-May-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qin Wei; Lin Ying
5. Manuscript Title Effect of continuity of care on anticoagulant therapy and quality of life after heart valve replacement: a meta-analysis		
6. Manuscript Identifying Number (if you know it) APM-21-1167		

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Dr. Chen has nothing to disclose.

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1. Given Name (First Name) Yu	2. Surname (Last Name) Zhuang	3. Date 08-May-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qin Wei; Lin Ying
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Wei

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Qin

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08-May-2021

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