

ICMJE DISCLOSURE FORM

Date: 2021-3-7

Your Name: Hongchang Guo

Manuscript Title: **Obstructive sleep apnea is associated with postoperative dialysis in patients who underwent coronary artery bypass grafting**

Manuscript number (if known): **APM-21-180**

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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5	Payment or honoraria for lectures, presentations,	None	

	speakers bureaus, manuscript writing or educational events		
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13	Other financial or non-financial interests	None	

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None

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Your Name: Shengwei WANG

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