

ICMJE DISCLOSURE FORM

Date: June 23, 2021

Your Name: Zheng Xu

Manuscript Title: Direct oral anticoagulants versus vitamin K antagonists for patients with left ventricular thrombus

Manuscript number (if known): None

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

The authors have no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: June 23, 2021

Your Name: Xiaomin Li

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Manuscript number (if known): None

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Date: June 23, 2021

Your Name: Xuewen Li

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Date: June 23, 2021

Your Name: Yuping Gao

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Date: June 23, 2021

Your Name: Xiaolong Mi

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