

## ICMJE DISCLOSURE FORM

Date: Jun 15<sup>th</sup>, 2022  
 Your Name: Mei Liu  
 Manuscript Title: Effect of oral anticoagulation therapy in atrial fibrillation patients with a history of intracranial hemorrhage: a systematic review and meta-analysis  
 Manuscript number (if known): APM-22-582

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		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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
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None.

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

X  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: Jun 15<sup>th</sup>, 2022

Your Name: Yue Hou

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Date: Jun 15<sup>th</sup>, 2022  
 Your Name: Wenwen Liu  
 Manuscript Title: Effect of oral anticoagulation therapy in atrial fibrillation patients with a history of intracranial hemorrhage: a systematic review and meta-analysis  
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