

ICMJE DISCLOSURE FORM

Date: 2021-03-24 _____

Your Name: Hong-Li Cai _____

Manuscript Title: Relation of red cell distribution width with HAS-BLED score in patients with non-valvular atrial fibrillation

Manuscript number (if known): _____ JTD-21-567 _____

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Date: 2021-03-24 _____

Your Name: Hao Chen _____

Manuscript Title: Relation of red cell distribution width with HAS-BLED score in patients with non-valvular atrial fibrillation

Manuscript number (if known): _____ JTD-21-567 _____

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Date: 2021-03-24 _____

Your Name: Jing Wang _____

Manuscript Title: Relation of red cell distribution width with HAS-BLED score in patients with non-valvular atrial fibrillation

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Date: 2021-03-24 _____

Your Name: Ling Xie _____

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Date: 2021-03-24 _____

Your Name: Kou-Long Zheng _____

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