

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name) Yanxiong	2. Surname (Last Name) Jia	3. Date 07-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pixiong Su
5. Manuscript Title Predictive value of graft patency and MACCEs in CABG based on FFT		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Jia has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hongyi	2. Surname (Last Name) Xu	3. Date 07-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pixiong Su
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Pixiong
2. Surname (Last Name)
Su
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07-March-2021
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5. Manuscript Title
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Dr. Su has nothing to disclose.

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1. Given Name (First Name) Jie	2. Surname (Last Name) Gao	3. Date 07-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pixiong Su
5. Manuscript Title Predictive value of graft patency and MACCEs in CABG based on FFT		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pixiong Su
5. Manuscript Title Predictive value of graft patency and MACCEs in CABG based on FFT		
6. Manuscript Identifying Number (if you know it)		

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pixiong Su
5. Manuscript Title Predictive value of graft patency and MACCEs in CABG based on FFT		
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