

## ICMJE DISCLOSURE FORM

Date: 2021.05.25

Your Name: Heemoon Lee

Manuscript Title: Early pharmacologic conversion of atrial fibrillation after off-pump coronary artery bypass grafting

Manuscript number (if known): JTD-21-466

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 author has nothing to disclose regarding commercial support. No potential conflicts exist. In addition, no funding was provided for this study.

**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.

## ICMJE DISCLOSURE FORM

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Your Name: Hee Jung Kim

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Your Name: Jae Suk Yoo

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Date: 2021.05.25

Your Name: Dong Jin Kim

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Date: 2021.05.25

Your Name: Sang Youn Yeom

Manuscript Title: Early pharmacologic conversion of atrial fibrillation after off-pump coronary artery bypass grafting

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Date: 2021.05.16

Your Name: Kwang Ree Cho

Manuscript Title: Early pharmacologic conversion of atrial fibrillation after off-pump coronary artery bypass grafting

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