

ICMJE DISCLOSURE FORM

Date:

Your Name: Bi Xiao Wei

Manuscript Title: Screening of atrial fibrillation markers based on a GEO database chip and bioinformatics analysis

Manuscript number (if known):

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	None
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None
5	Payment or honoraria for	None	None

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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13	Other financial or non-financial interests	___ None	None

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

All of authors do not have any conflict interest.

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

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Date:

Your Name: Xiao Fang Huang

Manuscript Title: Screening of atrial fibrillation markers based on a GEO database chip and bioinformatics analysis

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Date:

Your Name: Yi Ming Lu

Manuscript Title: Screening of atrial fibrillation markers based on a GEO database chip and bioinformatics analysis

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Date:

Your Name: De Long Xie

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Date:

Your Name: Guang Ji Wei

Manuscript Title: Screening of atrial fibrillation markers based on a GEO database chip and bioinformatics analysis

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Your Name: Wang Rong Wen

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