<b>\</b> /	te:2023/07/					
	ır Name: Xiaon					
Ma	nuscript Title: Gene mo	dules and genes associate	ed with postoperative atrial fibrillation: weighted gene co			
ехр	ression network analysis an	d circRNA-miRNA-mRNA r	egulatory network analysis			
Ma	Manuscript number (if known):					
rela par to t rela The	ated to the content of your nation whose interests may be transparency and does not nationship/activity/interest, it	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment of If you are in doubt about whether to list a so.  ps/activities/interests as they relate to the current			
to t	• •	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.			
	tem #1 below, report all sup time frame for disclosure is	-	Specifications/Comments (e.g., if payments were made to you or to your			
		minim you have time	(c.g.) ii payiiiciis ireie iiiaac to you oi to you.			
		relationship or indicate	institution)			
		relationship or indicate	institution)			
		none (add rows as	institution)			
		none (add rows as needed)				
1	All support for the present	none (add rows as needed) Time frame: Since the initia				
1	All support for the present	none (add rows as needed)				
1	manuscript (e.g., funding,	none (add rows as needed) Time frame: Since the initia				
1	manuscript (e.g., funding, provision of study materials,	none (add rows as needed) Time frame: Since the initia				
1	manuscript (e.g., funding, provision of study materials, medical writing, article	none (add rows as needed) Time frame: Since the initia				
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initia				
1	manuscript (e.g., funding, provision of study materials, medical writing, article	none (add rows as needed) Time frame: Since the initia				
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initia				
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed)  Time frame: Since the initiaXNone	al planning of the work			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	none (add rows as needed)  Time frame: Since the initiaXNone  Time frame: pas	al planning of the work			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	none (add rows as needed)  Time frame: Since the initiaXNone	al planning of the work			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	none (add rows as needed)  Time frame: Since the initiaXNone  Time frame: pas	al planning of the work			
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	none (add rows as needed)  Time frame: Since the initiaXNone  Time frame: pasXNone	al planning of the work			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	none (add rows as needed)  Time frame: Since the initiaXNone  Time frame: pas	al planning of the work			
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	none (add rows as needed)  Time frame: Since the initiaXNone  Time frame: pasXNone	al planning of the work			

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Nava	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	X_None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None		

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

Date	e:2023/0//	<sup>28</sup>	
	r Name: Huaig		
Mar	nuscript Title: Gene mo	dules and genes associate	ed with postoperative atrial fibrillation: weighted gene co-
ехрі	ression network analysis an	d circRNA-miRNA-mRNA r	regulatory network analysis
Mar	nuscript number (if known):		
rela part to to rela The mar	ted to the content of your name ies whose interests may be cansparency and does not not interest, it following questions apply the content only.	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do o the author's relationshi	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript about whether to list a so.  ps/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertains
to tl		nsion, you should declare	all relationships with manufacturers of antihypertensive
	time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
_		Time frame: Since the initia	al planning of the work
1	All support for the present	X_None	<u> </u>
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
			+
			+
		Time frame: pas	t 36 months
2	Grants or contracts from	X None	
-	any entity (if not indicated		†
	in item #1 above).		+
3	Royalties or licenses	X None	
	,		

Consulting fees

		ı	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
′		NOTIE	
	meetings and/or travel		
	5	V N	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
40		V N	
13	Other financial or non-	XNone	
	financial interests		

None		

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

Date	e:2023/07/	28	
	r Name: Kongr		
Mar	nuscript Title: Gene mo	dules and genes associate	ed with postoperative atrial fibrillation: weighted gene co-
ехр	ression network analysis an	d circRNA-miRNA-mRNA r	regulatory network analysis
Mar	nuscript number (if known):		
rela part to to rela The <u>mar</u>	ted to the content of your name ies whose interests may be ransparency and does not not ionship/activity/interest, it following questions apply the content only.	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do o the author's relationshi	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.  ps/activities/interests as they relate to the current  defined broadly. For example, if your manuscript pertains
	•		
			all relationships with manufacturers of antihypertensive
mec	dication, even if that medica	ition is not mentioned in t	ne manuscript.
I.a. :+	one #1 holovy woment all aven	nout for the world reported	d in this manuscript without time limit. For all other items
		-	d in this manuscript without time limit. For all other item
tne	time frame for disclosure is	the past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	mstructory
		needed)	
		Time frame: Since the initia	al planning of the work
1	All according to the consequent	1	al planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
0	testimony	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0		XNotie	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Possint of aguinment	X None	
12	Receipt of equipment,	^_NOTIE	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None			

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

Date	e:2023/07/	<sup>'</sup> 28						
You	r Name: Zhaoz	huo Niu						
expr	Manuscript Title: Gene modules and genes associated with postoperative atrial fibrillation: weighted gene co- expression network analysis and circRNA-miRNA-mRNA regulatory network analysis Manuscript number (if known):							
relat part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.					
	following questions apply t	o the author's relationship	os/activities/interests as they relate to the <u>current</u>					
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.					
	em #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other items,					
		Name all entities with	Specifications/Comments					
		whom you have this	(e.g., if payments were made to you or to your					
		relationship or indicate	institution)					
		none (add rows as						
		needed)						
		Time frame: Since the initia	al planning of the work					
1	All support for the present	XNone						
	manuscript (e.g., funding,							
	provision of study materials,							
	medical writing, article							
	processing charges, etc.)							
	No time limit for this item.							
		Time frame: pas	t 36 months					
2	Grants or contracts from	XNone						
	any entity (if not indicated							
	in item #1 above).							
3	Royalties or licenses	XNone						

4

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	-		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None			

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

Date	e:2023/07/	28	
You	r Name: Wei S	heng	
Mar	nuscript Title: Gene mo	dules and genes associate	d with postoperative atrial fibrillation: weighted gene co-
			egulatory network analysis
Mar	nuscript number (if known):		
rela part to ti rela	ted to the content of your n ies whose interests may be ransparency and does not n tionship/activity/interest, it	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	nuscript only.		<u> </u>
med In it	lication, even if that medica	ntion is not mentioned in to	all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other item
		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 initia	al 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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		<u> </u>
2	in item #1 above).	V Nove	
3	Royalties or licenses	XNone	

Consulting fees

		ı	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
′		NOTIE	
	meetings and/or travel		
	5	V N	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
40		V N	
13	Other financial or non-	XNone	
	financial interests		

None			

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

	e:2023/0//		
	ır Name: Ho Yo		
Ma	nuscript Title: Gene mo	dules and genes associate	ed with postoperative atrial fibrillation: weighted gene co-
ехр	ression network analysis an	d circRNA-miRNA-mRNA r	egulatory network analysis
Ma	nuscript number (if known):		
rela par to t rela The <u>ma</u>	ited to the content of your naties whose interests may be ransparency and does not nationship/activity/interest, it following questions apply the nuscript only.	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
to t me	he epidemiology of hyperted dication, even if that medication	nsion, you should declare ation is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other item
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	140 time mint for tims item.		
		<b>-</b> :	1.25
2	Crants or contracts from	Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
2	-	V None	
3	Royalties or licenses	X_None	
3	-	XNone	

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None			

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

Dat	e:2023/07/	28	
You	r Name: Philip	Y. K. Pang	
Maı	nuscript Title: Gene mo	dules and genes associate	d with postoperative atrial fibrillation: weighted gene co-
ехр	ression network analysis an	d circRNA-miRNA-mRNA r	egulatory network analysis
Maı	nuscript number (if known):		
rela part to to rela The mar to to	ted to the content of your name ites whose interests may be ransparency and does not not interest, it following questions apply the content only.	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. is preferable that you do the author's relationship vities/interests should be ension, you should declare	ps/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	em #1 below, report all sup time frame for disclosure is	Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

		ı	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
′		NOTIE	
	meetings and/or travel		
	5	V N	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
40		V N	
13	Other financial or non-	XNone	
	financial interests		

None			

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

Date:	4/19/23	
Your Name:	Joseph D. Phillips, MD	
•	Fitle: Gene modules and genes associated with postoperative atrial fibrillation: we on network analysis and circRNA-miRNA-mRNA regulatory network analysis	eighted gene
Manuscript n	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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated	KSQ Therapeutics, Inc	Grant research funding
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations,	xNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy	Thoracic Surgery	Board of Directors, Unpaid
	group, paid or unpaid	Outcomes Research	, ,
		Network, Inc	
11	Stock or stock options	xNone	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		

Dr. Phillips has no disclosures related this this manuscript. He does receive research funding via a grant from KSQ Therapeutics, Inc and is on the Board of Directors for the non-profit Thoracic Surgery Outcomes Research Network, Inc.

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

	e:2023/07/		
	ır Name: Ali Kh		
Ma	nuscript Title: Gene mo	dules and genes associate	ed with postoperative atrial fibrillation: weighted gene co-
ехр	ression network analysis an	d circRNA-miRNA-mRNA r	regulatory network analysis
Ma	nuscript number (if known):		
rela par to t rela The	ited to the content of your name ites whose interests may be ransparency and does not nationship/activity/interest, it	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript of the
to t med	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reported	<ul> <li>defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.</li> <li>d in this manuscript without time limit. For all other item</li> </ul>
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	al 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.	XNone	
		Time for	t 2C months
2	Grants or contracts from	Time frame: pas	t 50 months
_	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

		ı	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
′		NOTIE	
	meetings and/or travel		
	5	V N	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
40		V N	
13	Other financial or non-	XNone	
	financial interests		

None			

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

Date	e:2023/07/	<sup>7</sup> 28	
	r Name: Xiaolu		
Mar	nuscript Title: Gene mo	dules and genes associate	d with postoperative atrial fibrillation: weighted gene co
ехр	ression network analysis an	d circRNA-miRNA-mRNA r	egulatory network analysis
Mar	nuscript number (if known):		
rela part to to rela The mar The to to	ted to the content of your name ites whose interests may be ransparency and does not not item in the content of	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. It is preferable that you do to the author's relationship vities/interests should be g nsion, you should declare ation is not mentioned in t	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertain all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other item  Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	· ·
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	
_	manuscript (e.g., funding,	XNone	+
	provision of study materials,		+
	medical writing, article		+
	processing charges, etc.)		
	No time limit for this item.		
	Tro time mine for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
3	,	XNone	

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	-		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None			

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

Date	e:2023/07/	28	
Your	Name: Bingo	ng Li	
			ed with postoperative atrial fibrillation: weighted gene co-
expr	ession network analysis an	d circRNA-miRNA-mRNA r	egulatory network analysis
Man	uscript number (if known):		
relat parti to tr	ed to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t uscript only.	o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
to th med In ite	e epidemiology of hyperterication, even if that medica	nsion, you should declare ation is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other item
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	parining of the work
1	manuscript (e.g., funding,	XNOTIE	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
0	testimony	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0		XNotie	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Possint of aguinment	X None	
12	Receipt of equipment,	^_NOTIE	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None			

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

Dat	e:2023/07/	28	
	r Name: Wei H		
			d with postoperative atrial fibrillation: weighted gene co- egulatory network analysis
-	nuscript number (if known):		egulatory fletwork alialysis
IVIA	nuscript number (ii known):		
rela par to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to t	•	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other items
		Blama all antition with	Supplies tions (Commonts
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	parining of the work
_	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
	, 2		

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Cupport for attending	V None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	Y N	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None			

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