

ICMJE DISCLOSURE FORM

Date: 27 Aug 2023

Your Name: Alicia X.F. Chia

Manuscript Title: Predicting Postoperative Atrial Fibrillation after Off-Pump Coronary Artery Bypass Surgery – An Ongoing Story

Manuscript number (if known): Unavailable

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.

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Time frame: past 36 months			
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4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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13	Other financial or non-financial interests	___ None	

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

None

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 27 Aug 2023

Your Name: Philip Y.K. Pang

Manuscript Title: Predicting Postoperative Atrial Fibrillation after Off-Pump Coronary Artery Bypass Surgery – An Ongoing Story

Manuscript number (if known): Unavailable

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