ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Shenghua

2. Surname (Last Name)  
   Ding

3. Date  
   10-April-2020

4. Are you the corresponding author?  
   ✓ Yes  
   □ No

5. Manuscript Title  
   Effects of atorvastatin combined with bivalirudin on coagulation function, cardiac function, and inflammatory factors of percutaneous coronary intervention in elderly patients with acute myocardial infarction

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   □ Yes  
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Dr. Ding has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shaopeng
2. Surname (Last Name) Xu
3. Date 10-April-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   Effects of atorvastatin combined with bivalirudin on coagulation function, cardiac function, and inflammatory factors of percutaneous coronary intervention in elderly patients with acute myocardial infarction

Section 2. The Work Under Consideration for Publication

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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Xiaoning</td>
<td>Chen</td>
<td>10-April-2020</td>
</tr>
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4. Are you the corresponding author?  
   - No ✔

Corresponding Author’s Name  
Shenghua Ding

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   Shujuan

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   Wu

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Shenghua Ding

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