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.

1. Identifying information.

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<th>2. Surname (Last Name)</th>
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<tbody>
<tr>
<td>Yejing</td>
<td>Zhao</td>
<td>25-May-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  ✔ Yes  No  

Corresponding Author's Name: Jinghua Liu

5. Manuscript Title
Clinical analysis of acute coronary syndrome patients with Qi-blood syndromes: establishment of a diagnostic prediction model for Qi syndrome differentiation

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Dr. Zhao has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name) Hongyu
2. Surname (Last Name) Peng
3. Date 25-May-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title Clinical analysis of acute coronary syndrome patients with Qi-blood syndromes: establishment of a diagnostic prediction model for Qi syndrome differentiation
6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Corresponding Author's Name: Jinghua Liu

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1. Given Name (First Name)  
   Jinghua

2. Surname (Last Name)  
   Liu

3. Date  
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