ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Hai-Rong</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Yu</td>
</tr>
<tr>
<td>3. Date</td>
<td>02-April-2021</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>[X] No</td>
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Corresponding Author’s Name
Jian-Zeng Dong

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<tr>
<th>5. Manuscript Title</th>
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<tr>
<td>Evaluation of Medical Quality and Treatment Trends of Nonvalvular Atrial Fibrillation in Beijing inpatients</td>
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Dr. Yu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Chang-Sheng
2. Surname (Last Name) Ma
3. Date 02-April-2021
4. Are you the corresponding author? ☒ No
Corresponding Author’s Name Jian-Zeng Dong
5. Manuscript Title Evaluation of Medical Quality and Treatment Trends of Nonvalvular Atrial Fibrillation in Beijing inpatients
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Dr. Ma has nothing to disclose.

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<tr>
<td>Xin</td>
<td>Du</td>
<td>02-April-2021</td>
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4. Are you the corresponding author?  
   - Yes
   - No  

Corresponding Author’s Name  
Jian-Zeng Dong

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
San-Shuai

2. Surname (Last Name)  
Chang

3. Date  
02-April-2021

4. Are you the corresponding author?  
[ ] Yes  [✓] No

Corresponding Author’s Name  
Jian-Zeng Dong

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Jian-Zeng

2. **Surname (Last Name)**
   - Dong

3. **Date**
   - 02-April-2021

4. **Are you the corresponding author?**
   - Yes [✔]
   - No [☐]

5. **Manuscript Title**
   - Evaluation of Medical Quality and Treatment Trends of Nonvalvular Atrial Fibrillation in Beijing inpatients

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