ICMJE DISCLOSURE FORM

Date: Oct. 14th, 2021
Your Name: Jian Li
Manuscript Title: Risk factors for delirium after coronary artery bypass grafting in elderly patients
Manuscript number (if known): ATM-21-5160

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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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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X__None                                                                        |
|   | No time limit for this item.                                                                    |                                                                                  |
| Time frame: past 36 months |                                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X__None                                                                        |
| 3 | Royalties or licenses                                                                          | _X__None                                                                        |
| 4 | Consulting fees                                                                                | _X__None                                                                        |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
| 6 | Payment for expert testimony                                               | _X_None |
| 7 | Support for attending meetings and/or travel                                | _X_None |
| 8 | Patents planned, issued or pending                                         | _X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
| 11| Stock or stock options                                                      | _X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None |
| 13| Other financial or non-financial interests                                  | _X_None |

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

None.

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Date: Oct. 14th, 2021
Your Name: Dongmei Meng
Manuscript Title: Risk factors for delirium after coronary artery bypass grafting in elderly patients
Manuscript number (if known): ATM-21-5160

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| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_None |
| 3 | Royalties or licenses | _X_None |
| 4 | Consulting fees | _X_None |
|   | Question                                                                 | X | None |
|---|--------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |    |      |
| 6 | Payment for expert testimony                                             |    |      |
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|13 | Other financial or non-financial interests                               |    |      |

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Date: Oct. 14th, 2021
Your Name: Chao Chang
Manuscript Title: Risk factors for delirium after coronary artery bypass grafting in elderly patients
Manuscript number (if known): ATM-21-5160

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|   | **No time limit for this item.**                                                                                                               |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                     | ____X_None                                                                        |
| 3 | Royalties or licenses                                                                                                                         | ____X_None                                                                        |
| 4 | Consulting fees                                                                                                                              | ____X_None                                                                        |
| **Time frame: past 36 months**                                                                                                              |                                                                                    |
|   | Description                                                                 | _X_ | None |
|---|-----------------------------------------------------------------------------|-----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ | None |
| 6 | Payment for expert testimony                                                | _X_ | None |
| 7 | Support for attending meetings and/or travel                                | _X_ | None |
| 8 | Patents planned, issued or pending                                          | _X_ | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ | None |
| 11| Stock or stock options                                                       | _X_ | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ | None |
| 13| Other financial or non-financial interests                                   | _X_ | None |

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Date: Oct. 14th, 2021  
Your Name: Bo Fu  
Manuscript Title: Risk factors for delirium after coronary artery bypass grafting in elderly patients  
Manuscript number (if known): ATM-21-5160

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No time limit for this item. | _X__None                                                                           |                                                                                  |
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| 3 | Royalties or licenses                                                                     | _X__None                                                                           |                                                                                  |
| 4 | Consulting fees                                                                          | _X__None                                                                           |                                                                                  |
|   | Description                                                                 | X/None |
|---|------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X_None |
| 6 | Payment for expert testimony                                                  | X_None |
| 7 | Support for attending meetings and/or travel                                  | X_None |
| 8 | Patents planned, issued or pending                                            | X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X_None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X_None |
|11 | Stock or stock options                                                        | X_None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None |
|13 | Other financial or non-financial interests                                    | X_None |

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Date: Oct. 14th, 2021
Your Name: Chang Xie
Manuscript Title: Risk factors for delirium after coronary artery bypass grafting in elderly patients
Manuscript number (if known): ATM-21-5160

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|   | **No time limit for this item.** | |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Description                                                                 | _X_ None |
|---|-----------------------------------------------------------------------------|----------|
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Date: Oct. 14th, 2021
Your Name: Zhenhua Wu
Manuscript Title: Risk factors for delirium after coronary artery bypass grafting in elderly patients
Manuscript number (if known): ATM-21-5160

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**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None |
| 3 | Royalties or licenses | X_None |
| 4 | Consulting fees | X_None |
|   | Conflict of Interest | X or None |
|---|----------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X_None |
| 6 | Payment for expert testimony | X_None |
| 7 | Support for attending meetings and/or travel | X_None |
| 8 | Patents planned, issued or pending | X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X_None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X_None |
| 11 | Stock or stock options | X_None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None |
| 13 | Other financial or non-financial interests | X_None |

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Date: Oct. 14th, 2021
Your Name: Lianqun Wang
Manuscript Title: Risk factors for delirium after coronary artery bypass grafting in elderly patients
Manuscript number (if known): ATM-21-5160

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None |
| 3 | Royalties or licenses | X_None |
| 4 | Consulting fees | X_None | Time frame: past 36 months |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X  | None |
| 6 | Payment for expert testimony                                                  | X  | None |
| 7 | Support for attending meetings and/or travel                                  | X  | None |
| 8 | Patents planned, issued or pending                                            | X  | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X  | None |
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|11 | Stock or stock options                                                        | X  | None |
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