ICMJE DISCLOSURE FORM

Date: __ June 16, 2021 __
Your Name: __ Yanting Luo __
Manuscript Title: __ Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis __
Manuscript number (if known): __________________________________________________________________________________________

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.

| Item | Description | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|-------------|----------------------------------------------------|----------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None | None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | None | None |
| 3    | Royalties or licenses | None | None |
| 4    | Consulting fees | None | None |
|   | 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 |
| 11| Stock or stock options                                                                           | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                | None |
| 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.
ICMJE DISCLOSURE FORM

Date: June 16, 2021
Your Name: Bingyuan Wu
Manuscript Title: Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis
Manuscript number (if known):

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| 3 | Royalties or licenses                                                                            | None                                                                                  |
| 4 | Consulting fees                                                                                 | None                                                                                  |
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Date: June 16, 2021
Your Name: Yuankai Wu
Manuscript Title: Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis
Manuscript number (if known): 

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Date: June 16, 2021
Your Name: Long Peng
Manuscript Title: Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis
Manuscript number (if known): 

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ICMJE DISCLOSURE FORM

Date: June 16, 2021

Your Name: Zexiong Li

Manuscript Title: Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis

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Date: June 16, 2021
Your Name: Jieming Zhu
Manuscript Title: Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis
Manuscript number (if known): 

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Date: June 16, 2021

Your Name: Zhongzhen Su

Manuscript Title: Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis

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| 8 | Patents planned, issued or pending                                                                   | None |
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| 11| Stock or stock options                                                                               | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                     | None |
| 13| Other financial or non-financial interests                                                           | None |

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

Date: June 16, 2021
Your Name: Jinlai Liu
Manuscript Title: Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis
Manuscript number (if known):

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|   | Description                                                                 | None |
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ICMJE DISCLOSURE FORM

Date: __ June 16, 2021 __

Your Name: __ Suhua Li __

Manuscript Title: __ Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis __

Manuscript number (if known): __________________________________________________________________________________________

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ICMJE DISCLOSURE FORM

Date:  June 16, 2021
Your Name:  Yutian Chong
Manuscript Title:  Atrial fibrillation increases inpatient and 4-year all-cause mortality in critically ill patients with liver cirrhosis
Manuscript number (if known):  

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