ICMJE DISCLOSURE FORM

Date: Mar 2nd, 2021

Your Name: Junjie Wang

Manuscript Title: Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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) |
|---|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|   | No time limit for this item.                                                                                                     |                                                                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                        | None |
| 3 | Royalties or licenses                                                                                                             | None |
| 4 | Consulting fees                                                                                                                  | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | None |
|---|------------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |      |
| 6 | Payment for expert testimony                                                 |      |
| 7 | Support for attending meetings and/or travel                                  |      |
| 8 | Patents planned, issued or pending                                           |      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             |      |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |      |
|11 | Stock or stock options                                                       |      |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services |      |
|13 | Other financial or non-financial interests                                   |      |

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

Junjie Wang has nothing to disclose.

**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: Mar 2nd, 2021

Your Name: Lingqu Zhou

Manuscript Title: Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

| 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.) | Name all entities with whom you have this relationship or indicate none (add rows as needed) |
| No time limit for this item. | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| 2. Grants or contracts from any entity (if not indicated in item #1 above) | ___None |
| 3. Royalties or licenses | ___None |
| 4. Consulting fees | ___None |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 5 | 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:

Lingqu Zhou has nothing to disclose.

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:__________ Mar 2nd, 2021
Your Name:_____ Yinyin Zhang
Manuscript Title:__ Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database _________________
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.

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___None |
| 3 | Royalties or licenses | ___None |
| 4 | Consulting fees | ___None |

Time frame: past 36 months
|   | Conflict of Interest | None |
|---|---------------------|------|
| 5 | 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:

Yinyin Zhang has nothing to disclose.

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: __________ Mar 2rd, 2021

Your Name: _____ Haifeng Zhang

Manuscript Title: Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database

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.

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|---------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |  |
| Time frame: past 36 months |  |  |
| 2 Grants or contracts from any entity (if not indicated in item #1 above) | None |  |
| 3 Royalties or licenses | None |  |
| 4 Consulting fees | None |  |
| No. | Conflict of Interest                                                                 | Disclosure |
|-----|-------------------------------------------------------------------------------------|------------|
| 5   | 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:

Haifeng Zhang has nothing to disclose.

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: Mar 2nd, 2021
Your Name: Yong Xie
Manuscript Title: Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database
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.

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|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None                                                                 |
|   | Question                                                                 | Answer |
|---|--------------------------------------------------------------------------|--------|
| 5 | 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:

Yong Xie has nothing to disclose.

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: ___________ Mar 2nd, 2021

Your Name: _____ Zhiteng Chen

Manuscript Title: __ Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database _______________________________________________________________________

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.

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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 | 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) |
|------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __None |
|      | __No time limit for this item.                                                                 |                                                                                   |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                        | __None |
| 3    | Royalties or licenses                                                                            | __None |
| 4    | Consulting fees                                                                                  | __None |
### Zhiteng Chen has nothing to disclose.

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:__________ Mar 2rd, 2021
Your Name:_____ Boshui Huang
Manuscript Title: Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database
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.

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | ___None                                                                           |

| Time frame: Since the initial planning of the work |
|-----------------------------------------------------|

|   | Grants or contracts from any entity (if not indicated in item #1 above). | ___None |
|---|------------------------------------------------------------------------|--------|

| Time frame: past 36 months |
|----------------------------|

| 3 | Royalties or licenses | ___None |
|---|-----------------------|--------|

| 4 | Consulting fees | ___None |
|---|-----------------|--------|
|   | Conflict of Interest                                                                 |
|---|-------------------------------------------------------------------------------------|
| 5 | 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:

Boshui Huang has nothing to disclose.

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: __________ Mar 2nd, 2021

Your Name: _____ Kuan Zeng

Manuscript Title: Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database

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.

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| Time frame: past 36 months | 2 Grants or contracts from any entity (if not indicated in item #1 above). | __None |
| 3 Royalties or licenses | __None |
| 4 Consulting fees | __None |
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 5 | 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:

Kuan Zeng has nothing to disclose.

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: Mar 2nd, 2021

Your Name: Juan Lei

Manuscript Title: Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database

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.

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | **None**                                                                         |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | **None**                                                                         |
| 3 | Royalties or licenses                                                                         | **None**                                                                         |
| 4 | Consulting fees                                                                               | **None**                                                                         |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 5 | 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:

Juan Lei has nothing to disclose.

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: Mar 2nd, 2021
Your Name: Jingting Mai
Manuscript Title: Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
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| 6 | Payment for expert testimony                                                | None     |
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| 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:**

Jingting Mai has nothing to disclose.

**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: Mar 2nd, 2021
Your Name: Yue Pan
Manuscript Title: Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database
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.

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 5 | 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:

Yue Pan has nothing to disclose.

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: ___________ Mar 2nd, 2021
Your Name: ___________ Yangxin Chen
Manuscript Title: __Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database__
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.

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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) |
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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | __None__                                                                             |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | __None__                                                                             |
| 3 | Royalties or licenses                                                                           | __None__                                                                             |
| 4 | Consulting fees                                                                                  | __None__                                                                             |

Time frame: Since the initial planning of the work

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|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | __None__                                                                             |
| 3 | Royalties or licenses                                                                           | __None__                                                                             |
| 4 | Consulting fees                                                                                  | __None__                                                                             |

Time frame: past 36 months
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | None   |
|   | manuscript writing or educational events                                    |        |
| 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  | None   |
|   | group, paid or unpaid                                                        |        |
| 11| Stock or stock options                                                       | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | None   |
|   | services                                                                     |        |
| 13| Other financial or non-financial interests                                   | None   |

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Date: __________  Mar 2nd, 2021
Your Name: ___ Jingfeng Wang ________________________________________________________________
Manuscript Title: ___ Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database _____________________________________________________
Manuscript number (if known): ____________________________________________________________________

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|      | **Time frame: past 36 months**                                                            |                                                                                  |
|   | Description                                                                 | Response |
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| 5 | 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     |

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Date: ________________ Mar 2nd, 2021

Your Name: ______ Qi Guo

Manuscript Title: __ Minimum heart rate and mortality in critically ill myocardial infarction patients: an analysis of the MIMIC-III database

Manuscript number (if known): __________

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| **1** All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |

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

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

**Time frame: past 36 months**
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript | None   |
|   | writing or educational events                                                |        |
| 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  | None   |
|   | group, paid or unpaid                                                        |        |
| 11| Stock or stock options                                                       | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | None   |
|   | services                                                                     |        |
| 13| Other financial or non-financial interests                                   | None   |

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