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.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name)       | 2. Surname (Last Name) | 3. Date       |
|----------------------------------|------------------------|---------------|
| Xiaofei                          | Xue                    | 19-March-2020 |

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

Corresponding Author’s Name
Zhinong Wang

5. Manuscript Title
Preoperative individualized education intervention reduces delirium after cardiac surgery: a randomized controlled study

6. Manuscript Identifying Number (if you know it)
JTD-20-223

## 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.)?

Are there any relevant conflicts of interest? [ ] Yes  [ ] No

## Section 3. Relevant financial activities outside the submitted work.

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Dr. Xue has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Pei
2. Surname (Last Name) Wang
3. Date 19-March-2020
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Zhinong Wang
5. Manuscript Title Preoperative individualized education intervention reduces delirium after cardiac surgery: a randomized controlled study
6. Manuscript Identifying Number (if you know it) JTD-20-223

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Section 1. Identifying Information

1. Given Name (First Name) Jingjing
2. Surname (Last Name) Wang
3. Date 19-March-2020
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Zhinong Wang
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
   JTD-20-223

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|--------|
| Xian                      | Li                     | 19-March-2020 |

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Corresponding Author’s Name
Zhinong Wang

5. Manuscript Title
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1. Given Name (First Name) Fei
2. Surname (Last Name) Peng
3. Date 19-March-2020
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Pending: The patent has been filed but not issued
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. **Given Name (First Name)**
   - Zhinong

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

3. **Date**
   - 19-March-2020

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

5. **Manuscript Title**
   - Preoperative individualized education intervention reduces delirium after cardiac surgery: a randomized controlled study

6. **Manuscript Identifying Number (if you know it)**
   - JTD-20-223

## 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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Dr. Wang has nothing to disclose.

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