ICMJE DISCLOSURE FORM

Date: ____________________ 2021/7/15 _________________________________

Your Name: ______________ Lan Zhang _______________________________

Manuscript Title: A narrative review of non-coding RNAs in atrial fibrillation: potential therapeutic targets and molecular mechanisms

Manuscript number (if known): __________________________________________

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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.

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| **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 |
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|   | 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:

Dr. 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.
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Date: ____________________ 2021/7/15

Your Name: ____________________ Xi Wang

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Manuscript Title: A narrative review of non-coding RNAs in atrial fibrillation: potential therapeutic targets and molecular mechanisms
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