

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jo-Nan

2. Surname (Last Name)

Liao

3. Date

23-September-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Shih-Ann Chen

5. Manuscript Title

How frequent should we reassess stroke risk in low risk patients with atrial fibrillation? Increase in CHA2DS2-VASc score in patients initially with a score of 0 (males) or 1 (females)

6. Manuscript Identifying Number (if you know it)

M18-1177

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☒ No

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Dr. Liao has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
YUFENG

2. Surname (Last Name)
HU

3. Date
25-September-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

How frequent should we reassess stroke risk in low risk patients with atrial fibrillation? Increase in CHA2DS2-VASc score in patients initially with a score of 0 (males) or 1 (females)

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tze-Fan	2. Surname (Last Name) Chao	3. Date 01-December-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shih-Ann Chen
5. Manuscript Title Reassessment of risk for stroke during follow-up of patients with atrial fibrillation		
6. Manuscript Identifying Number (if you know it) 		

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Section 1. Identifying Information

1. Given Name (First Name)
Shih-Ann

2. Surname (Last Name)
Chen

3. Date
01-December-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Reassessment of risk for stroke during follow-up of patients with atrial fibrillation

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

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Shih-Lin

2. Surname (Last Name)

Chang

3. Date

13-September-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

How frequent should we reassess stroke risk in low risk patients with atrial fibrillation? Increase in CHA2DS2-VASc score in patients initially with a score of 0 (males) or 1 (females)

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Dr. Chang has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Gregory

2. Surname (Last Name)
Lip

3. Date
08-August-2017

4. Are you the corresponding author? ☐ Yes ☐ No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker
Bayer/Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
BMS/Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant, speaker
Biotronik	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant, speaker
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant, speaker
Microlife	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant speaker
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Daiichi-Sankyo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant, speaker

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☐ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Lip reports consultancy and speaker fees from Bayer, Bayer/Janssen, BMS/Pfizer, Biotronik, Medtronic, Boehringer Ingelheim, Microlife, Roche, and Daiichi-Sankyo outside the submitted work. No fees received personally.

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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)
Tzeng-Ji

2. Surname (Last Name)
Chen

3. Date
13-September-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Shih-Ann Chen

5. Manuscript Title

How frequent should we reassess stroke risk in low risk patients with atrial fibrillation? Increase in CHA2DS2-VASc score in patients initially with a score of 0 (males) or 1 (females)

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Chern-En	2. Surname (Last Name) Chiang	3. Date 13-September-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name GY Lip
5. Manuscript Title How frequent should we reassess stroke risk in low risk patients with atrial fibrillation? Increase in CHA2DS2-VASc score in patients initially with a score of 0 (males) or 1 (females)		
6. Manuscript Identifying Number (if you know it) M18-1177		

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