

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Pengxiong	2. Surname (Last Name) Zhu	3. Date 20-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qiang Zhao & Jun Liu
5. Manuscript Title Hybrid coronary revascularization versus total arterial revascularization for the treatment of left main coronary artery disease		
6. Manuscript Identifying Number (if you know it) ATM-20-4224		

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Section 1. Identifying Information

1. Given Name (First Name) Jiapei	2. Surname (Last Name) Qiu	3. Date 20-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qiang Zhao & Jun Liu
5. Manuscript Title Hybrid coronary revascularization versus total arterial revascularization for the treatment of left main coronary artery disease		
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Dr. Qiu has nothing to disclose.

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1. Given Name (First Name) Hong	2. Surname (Last Name) Xu	3. Date 20-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qiang Zhao & Jun Liu
5. Manuscript Title Hybrid coronary revascularization versus total arterial revascularization for the treatment of left main coronary artery disease		
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Section 1. Identifying Information

1. Given Name (First Name)

Jun

2. Surname (Last Name)

Liu

3. Date

20-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Hybrid coronary revascularization versus total arterial revascularization for the treatment of left main coronary artery disease

6. Manuscript Identifying Number (if you know it)

ATM-20-4224

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Qiang

2. Surname (Last Name)
Zhao

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20-September-2020

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5. Manuscript Title
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