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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
Kexin

2. Surname (Last Name)  
Zheng

3. Date  
10-April-2020

4. Are you the corresponding author?  
[ ] Yes  [x] No  
Corresponding Author’s Name  
Xingshun Qi

5. Manuscript Title  
Development of myocardial infarction and ischemic stroke after acute upper gastrointestinal bleeding

6. Manuscript Identifying Number (if you know it)  
ACR-19-198

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. Zheng has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Xiangbo

2. Surname (Last Name)  
   Xu

3. Date  
   10-April-2020

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

   Corresponding Author’s Name  
   Xingshun Qi

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Dr. Xu has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Xingshun</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Qi</td>
</tr>
<tr>
<td>3. Date</td>
<td>27-March-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
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<td>Guo</td>
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   ☐ No  

Corresponding Author’s Name  
Xingshun Qi

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