

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) Huimin	2. Surname (Last Name) Cui	3. Date 24-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shengli Jiang
5. Manuscript Title Early Clinical Outcomes of Thoracoscopic Mitral Valvuloplasty: a Clinical Experience of 100 Consecutive Cases		
6. Manuscript Identifying Number (if you know it) CDT-20-440		

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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Dr. Cui has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Lin	2. Surname (Last Name) Zhang	3. Date 24-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shengli Jiang
5. Manuscript Title Early Clinical Outcomes of Thoracoscopic Mitral Valvuloplasty: a Clinical Experience of 100 Consecutive Cases		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Zhang has nothing to disclose.

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1. Given Name (First Name)
Shengli

2. Surname (Last Name)
Jiang

3. Date
24-June-2020

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

5. Manuscript Title
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