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Da	te:2022.9.11			
	ur Name:Lei Wang			
Ma	nuscript Title:Treatm	nent of recurrent iliac bran	ch occlusion after EVAR diagnosed by contrast-enhance	ed
ult	rasonography combined wit	th CTA		
Ma	nuscript number (if known)	: <u> </u>		
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		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		none (add rows as	institution)	
		needed)		
		Time frame: Since the initial	Inlanning of the work	
1	All support for the present	X None	planning of the work	
1	manuscript (e.g., funding,	XNone		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	36 months	
2	Grants or contracts from	X None	30 months	
-	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	XNone		

Consulting fees

_X__None

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
Г	N.		
	None		

5 Payment or honoraria for

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Dat	te: 2022.9.11		
	ur Name:Xiao Feng		
			nch occlusion after EVAR diagnosed by contrast-enhanced
In t	the interest of transparency	, we ask you to disclose a	Il relationships/activities/interests listed below that are
			eans any relation with for-profit or not-for-profit third
			of the manuscript. Disclosure represents a commitment
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	ationship/activity/interest,	_	· ·
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to t	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure i	s the past 36 months.	ed in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
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		needed)	
		Time frame: Since the initi	al planning of the work
	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
,	in item #1 above).	V None	
)	Royalties or licenses	XNone	

Consulting fees

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
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	None		

5 Payment or honoraria for

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	te:2022.9.11		
	ur Name:Ze Song		
			ch occlusion after EVAR diagnosed by contrast-enhanced
IVI	anuscript number (if known)):	
rel pa to rel Th ma	lated to the content of your rties whose interests may be transparency and does not lationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" mede affected by the content of necessarily indicate a bias, it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare cation is not mentioned in a poort for the work reported.	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed)	
		Time frame: Since the initia	I planning of the work
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1	All support for the present	XNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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3	in item #1 above). Royalties or licenses	X_None	
3	-	XNone	

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
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5 Payment or honoraria for

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Da	te:2022.9.11		
	ur Name:Xu Xie		
Ma	anuscript Title:Treatm	nent of recurrent iliac bran	ch occlusion after EVAR diagnosed by contrast-enhanced
ult	rasonography combined wit	th CTA	
rel pa to rel Th <u>ma</u>	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only.	manuscript. "Related" mea e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationshi	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so. ps/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertains
me In	edication, even if that medic	cation is not mentioned in to	all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		needed)	
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1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
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4	Consulting fees	X None	
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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
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	None		

5 Payment or honoraria for

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	ite:2022.9.11			
Yo	ur Name:Zhen Zhang			
			ch occlusion after EVAR diagnosed by contrast-enhanced	
Ma	anuscript number (if known)	: <u>_</u>		
rel pa to rel Th ma	rties whose interests may be transparency and does not a lationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hyperteedication, even if that medical	manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in pport for the work reported.	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertainerally all relationships with manufacturers of antihypertensive	•
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
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		needed)		
		Time frame: Since the initia	l planning of the work	
1	All support for the present	XNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	36 months	
2	Grants or contracts from	XNone		
	any entity (if not indicated			
	in item #1 above). Royalties or licenses			

Consulting fees

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
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	testimony		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
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5 Payment or honoraria for

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Dat	te: 2022.9.11		
	ur Name:Ming Qi		
Ma	nuscript Title: Treatm	ent of recurrent iliac brai	nch occlusion after EVAR diagnosed by contrast-enhanced
			Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third
			of the manuscript. Disclosure represents a commitment
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	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
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3	Royalties or licenses	XNone	

Consulting fees

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