

ICMJE DISCLOSURE FORM

Date: 10/3/2021

Your Name: Minrui Fu

Manuscript Title: Hemodynamic evaluation and in vitro hemolysis evaluation of a novel centrifugal pump for extracorporeal membrane oxygenation

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/3/2021

Your Name: Gang Liu

Manuscript Title: Hemodynamic evaluation and in vitro hemolysis evaluation of a novel centrifugal pump for extracorporeal membrane oxygenation

Manuscript number (if known): _____

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 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/3/2021
 Your Name: Weining Wang
 Manuscript Title: Hemodynamic evaluation and in vitro hemolysis evaluation of a novel centrifugal pump for extracorporeal membrane oxygenation
 Manuscript number (if known): _____

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Jiangsu STMed Technology Co. Ltd., Suzhou, China	Provide the STM CP-24 centrifugal pump for experiment.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
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Please summarize the above conflict of interest in the following box:

Dr. Wang reports support from Jiangsu STMed Technology Co. Ltd. (Suzhou, China), provide the STM CP-24 centrifugal pump for experiment.

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Date: 10/3/2021

Your Name: Bin Gao

Manuscript Title: Hemodynamic evaluation and in vitro hemolysis evaluation of a novel centrifugal pump for extracorporeal membrane oxygenation

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Date: 10/3/2021
 Your Name: Bingyang Ji
 Manuscript Title: Hemodynamic evaluation and in vitro hemolysis evaluation of a novel centrifugal pump for extracorporeal membrane oxygenation
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Date: 10/3/2021

Your Name: Yu Chang

Manuscript Title: Hemodynamic evaluation and in vitro hemolysis evaluation of a novel centrifugal pump for extracorporeal membrane oxygenation

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Your Name: Youjun Liu

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