Date: Apri. 12<sup>th</sup>, 2021 Your Name: Rui Li Manuscript Title: Mechanical Circulatory Support for Patients with COVID-19 Manuscript number (if known): ATM-20-5169-R2

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None

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

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

Date: Apri. 12<sup>th</sup>, 2021 Your Name: Senlin Hu Manuscript Title: Mechanical Circulatory Support for Patients with COVID-19 Manuscript number (if known): ATM-20-5169-R2

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Date: Apri. 12<sup>th</sup>, 2021 Your Name: Peng Chen Manuscript Title: Mechanical Circulatory Support for Patients with COVID-19 Manuscript number (if known): ATM-20-5169-R2

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Date: Apri. 12<sup>th</sup>, 2021 Your Name: Jiangang Jiang Manuscript Title: Mechanical Circulatory Support for Patients with COVID-19 Manuscript number (if known): ATM-20-5169-R2

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Date: Apri. 12<sup>th</sup>, 2021 Your Name: Guanglin Cui Manuscript Title: Mechanical Circulatory Support for Patients with COVID-19 Manuscript number (if known): ATM-20-5169-R2

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Date: Apri. 12<sup>th</sup>, 2021 Your Name: Daowen Wang Manuscript Title: Mechanical Circulatory Support for Patients with COVID-19 Manuscript number (if known): ATM-20-5169-R2

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