Date:_____ Aug 24th, 2021____ Your Name:_ Yuhui Zhang ___ Manuscript Title:__ Development and evaluation of an early death risk prediction model after acute type A aortic dissection Manuscript number (if known): ____ATM-21-4063_____

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		Time frame: Since the initial	planning of the work
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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	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		XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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Date:_____ Aug 24th, 2021____ Your Name:_ Tongyun Chen ___ Manuscript Title:__ Development and evaluation of an early death risk prediction model after acute type A aortic dissection __ Manuscript number (if known): ____ATM-21-4063_____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
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	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		XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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Date:_____ Aug 24th, 2021____ Your Name:_ Qingliang Chen ___ Manuscript Title:__ Development and evaluation of an early death risk prediction model after acute type A aortic dissection __ Manuscript number (if known): ____ATM-21-4063_____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	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		XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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Date:_____ Aug 24th, 2021____ Your Name:_ Hou Min__ Manuscript Title:__ Development and evaluation of an early death risk prediction model after acute type A aortic dissection __ Manuscript number (if known): ____ATM-21-4063_____

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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
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	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	
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	Advisory Board		
10		XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
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None.

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Date:_____ Aug 24th, 2021____ Your Name:_ Jiang Nan___ Manuscript Title:___ Development and evaluation of an early death risk prediction model after acute type A aortic dissection ___ Manuscript number (if known): ____ATM-21-4063_____

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6	Payment for expert	XNone	
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7	Support for attending meetings and/or travel	XNone	
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9	Participation on a Data	XNone	
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11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
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7	Support for attending meetings and/or travel	XNone	
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