

## ICMJE DISCLOSURE FORM

Date: 2021/07/28

Your Name: Bo Li

Manuscript Title: Risk factors of continuous renal replacement therapy following total aortic arch replacement under moderate hypothermia

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.

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## ICMJE DISCLOSURE FORM

Date: 2021/07/28

Your Name: Qing-Liang Chen

Manuscript Title: Risk factors of continuous renal replacement therapy following total aortic arch replacement under moderate hypothermia

Manuscript number (if known): \_\_\_\_\_

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Date: 2021/07/28

Your Name: Bo-Chen Yao

Manuscript Title: Risk factors of continuous renal replacement therapy following total aortic arch replacement under moderate hypothermia

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Date: 2021/07/28

Your Name: Nan Jiang

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Your Name: Jing Sun

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Your Name: Li-Na Xu

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Your Name: Zhi-Gang Guo

Manuscript Title: Risk factors of continuous renal replacement therapy following total aortic arch replacement under moderate hypothermia

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