Date:	Dec	2 nd ,2021
Your N	ame:	Xueqin Ji

Manuscript Title: Study on the application of Ultrasonography in the diagnosis of fetal cardiac structural abnormalities and the relationship between fetal cardiac structural abnormalities with chromosome abnormalities in

early pregnancy

Manuscri	ot 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 <u>current 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	_	Time frame: Since the initial	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	X _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X _None	
4	Consulting fees	X None	

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

Date:	Dec	2 nd ,	2021
Your Na	me:	Yan	Xia

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4	Consulting fees	X None	

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6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Ple	Please summarize the above conflict of interest in the following box:				

N	lone				

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

Date: Dec 2nd,2021 Your Name: Hao Zhang

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone				
11	Stock or stock options	X None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None				
13	Other financial or non- financial interests	XNone				
Ple	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:

Date:	Dec	2 nd ,202	21
Your Na	me:	Hairui	Wang

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11	Stock or stock options	X None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None		
13	Other financial or non- financial interests	X None		
Ple	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:

Date: Dec 2nd,2021 Your Name: Ruixian Shi

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6	Payment for expert	V Name	
0	testimony	X None	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	X None	
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8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society, committee or advocacy		
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11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

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None		

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