

## ICMJE DISCLOSURE FORM

Date: May 29<sup>th</sup>, 2022

Your Name: Yonghua Xiang

Manuscript Title: Clinical findings, diagnosis and therapy of patent ductus venosus in children: a series of nine patients

Manuscript number (if known):CDT-22-179

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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
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>	This study was supported by Hunan Provincial Science and Technology Department General Program (grant numbers: 2022JJ30320)	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity(if not indicated in	<input checked="" type="checkbox"/> None	

	item #1 above).		
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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:**

This study was supported by Hunan Provincial Science and Technology Department General Program (grant numbers: 2022JJ30320)

**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.**

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Date: May 29<sup>th</sup>, 2022

Your Name: KeJin

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Date: May 29<sup>th</sup>, 2022

Your Name: Qifang Cai

Manuscript Title: Clinical findings, diagnosis and therapy of patent ductus venosus in children: a series of nine patients

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Date: May 29<sup>th</sup>, 2022

Your Name: Yinghui Peng

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Your Name: Qing Gan

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