

## ICMJE DISCLOSURE FORM

Date: 08/13/2022

Your Name: Pengfei Chen

Manuscript Title: Risk factors for severe acute kidney injury post complication after total arch replacement combined with frozen elephant trunk, in acute type A aortic dissection

Manuscript number (if known): CDT-22-313

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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		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>	X None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
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	

**Please summarize the above conflict of interest in the following box:**

None.
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**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.**

## ICMJE DISCLOSURE FORM

Date: 08/13/2022

Your Name: **Mingjian Chen**

Manuscript Title: **Risk factors for severe acute kidney injury post complication after total arch replacement combined with frozen elephant trunk, in acute type A aortic dissection**

Manuscript number (if known): CDT-22-313

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## ICMJE DISCLOSURE FORM

Date: 08/13/2022

Your Name: Liang Chen

Manuscript Title: Risk factors for severe acute kidney injury post complication after total arch replacement combined with frozen elephant trunk, in acute type A aortic dissection

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## ICMJE DISCLOSURE FORM

Date: 08/13/2022

Your Name: Runyu Ding

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## ICMJE DISCLOSURE FORM

Date: 08/13/2022

Your Name: Zujun Chen

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## ICMJE DISCLOSURE FORM

Date: 08/13/2022

Your Name: Liqing Wang

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