

ICMJE DISCLOSURE FORM

Date: 2023-9-9

Your Name: Chen Zhang

Manuscript Title: Impact on Early Outcome after Endovascular Repair with Castor Single-Branched Stent Graft

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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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6	Payment for expert testimony	None	
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13	Other financial or non-financial interests	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: 2023-9-9

Your Name: Hongbo Zhang

Manuscript Title: Impact on Early Outcome after Endovascular Repair with Castor Single-Branched Stent Graft

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ICMJE DISCLOSURE FORM

Date: 2023-9-9

Your Name: Junzhou Pu

Manuscript Title: Impact on Early Outcome after Endovascular Repair with Castor Single-Branched Stent Graft

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ICMJE DISCLOSURE FORM

Date: 2023-9-15

Your Name: Paul Schoenhagen

Manuscript Title: Impact on Early Outcome after Endovascular Repair with Castor Single-Branched Stent Graft

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

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ICMJE DISCLOSURE FORM

Date: 2023-9-9

Your Name: Lei Zhao

Manuscript Title: Impact on Early Outcome after Endovascular Repair with Castor Single-Branched Stent Graft

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## ICMJE DISCLOSURE FORM

Date: 2023-9-9  
 Your Name: Huanyu Qiao  
 Manuscript Title: Impact on Early Outcome after Endovascular Repair with Castor Single-Branched Stent Graft  
 Manuscript number (if known): \_\_\_\_\_

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ICMJE DISCLOSURE FORM

Date: 2023-9-9

Your Name: Bo Yang

Manuscript Title: Impact on Early Outcome after Endovascular Repair with Castor Single-Branched Stent Graft

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

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## ICMJE DISCLOSURE FORM

Date: 2023-9-9  
 Your Name: Wenhui Wu  
 Manuscript Title: Impact on Early Outcome after Endovascular Repair with Castor Single-Branched Stent Graft  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2023-9-9  
 Your Name: Zhang Cheng  
 Manuscript Title: Impact on Early Outcome after Endovascular Repair with Castor Single-Branched Stent Graft  
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Date: 2023-9-9

Your Name: Ruihai Wang

Manuscript Title: Impact on Early Outcome after Endovascular Repair with Castor Single-Branched Stent Graft

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Date: 2023-9-9

Your Name: Yongmin Liu

Manuscript Title: Impact on Early Outcome after Endovascular Repair with Castor Single-Branched Stent Graft

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ICMJE DISCLOSURE FORM

Date: 2023-9-9

Your Name: Xiaohai Ma

Manuscript Title: Impact on Early Outcome after Endovascular Repair with Castor Single-Branched Stent Graft

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