ICMJE DISCLOSURE FORM

Date:	3/24/2021
Your Nam	e:Preethi Mani
Manuscri	ot Title:_ Multimodality Imaging Assessment of Bicuspid Aortic Valve Disease, Thoracic Aortic Ectasia, and
Thoracic A	Aortic Aneurysmal Disease
Manuscri	ot number (if known):CDT-2019-HVD-06(CDT-20-279)
related to parties wi to transpa	erest of transparency, we ask you to disclose all relationships/activities/interests listed below that are the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third nose interests may be affected by the content of the manuscript. Disclosure represents a commitment arency and does not necessarily indicate a bias. If you are in doubt about whether to list a hip/activity/interest, it is preferable that you do so.
The follov	ving questions apply to the author's relationships/activities/interests as they relate to the <u>current</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.

manuscript only.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_XNone	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _XNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
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	
	ase summarize the above co	nflict of interest in the fo	lowing box:

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

5 Payment or honoraria for X None

__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	e: 3/24/2021			
You	Your Name: Reza Reyaldeen			
	nuscript Title:_ Multimodali racic Aortic Aneurysmal Disc		Bicuspid Aortic Valve Disease, Thoracic Aortic Ectasia, and	
	nuscript number (if known):		270\	
iviar	iuscript number (if known):	CD1-2019-HVD-06(CD1-2	20-279)	
relate part	ted to the content of your nies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	following questions apply t	o the author's relationship	s/activities/interests as they relate to the <u>current</u>	
to the	ne epidemiology of hyperte lication, even if that medica	nsion, you should declare a ition is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. In this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	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

_X___None

X__None

_X__None

2

3

4

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
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ICMJE DISCLOSURE FORM

Date:3/24/2021			
Your Name: Bo Xu			
	essment of Bicuspid Aortic Valve Disease, Thoracic Aortic Ectasia, and		
Thoracic Aortic Aneurysmal Disease			
Manuscript number (if known):CDT-2019-H	VD-06(CDT-20-279)		
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The following questions apply to the author's manuscript only.	relationships/activities/interests as they relate to the <u>current</u>		
-	s should be <u>defined broadly</u> . For example, if your manuscript pertains uld declare all relationships with manufacturers of antihypertensive ntioned in the manuscript.		
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 entit	ties with Specifications/Comments		
whom you ha	·		
relationship o none (add rov	·		
needed)			

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
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		Time frame: past	36 months
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