

ICMJE DISCLOSURE FORM

Date: Dec. 13th, 2021

Your Name: Yu Wang

Manuscript Title: Myocardial contrast echocardiographic diagnosis and follow-up of interventricular septal hematoma after retrograde intervention for a chronic total occlusion of a right coronary artery: a case report

Manuscript number (if known): CDT-21-707

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.

The author's relationships/activities/interests should be defined broadly. 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.

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) |
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| Time frame: Since the initial planning of the work | | | |
| 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 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 | |

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None.

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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: Dec. 15th, 2021

Your Name: Dunliang Ma

Manuscript Title: Myocardial contrast echocardiographic diagnosis and follow-up of interventricular septal hematoma after retrograde intervention for a chronic total occlusion of a right coronary artery: a case report

Manuscript number (if known): CDT-21-707

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ICMJE DISCLOSURE FORM

Date: Dec. 16th, 2021

Your Name: Bin Zhang

Manuscript Title: Myocardial contrast echocardiographic diagnosis and follow-up of interventricular septal hematoma after retrograde intervention for a chronic total occlusion of a right coronary artery: a case report

Manuscript number (if known): CDT-21-707

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ICMJE DISCLOSURE FORM

Date: Dec. 16th, 2021

Your Name: Hongwen Fei

Manuscript Title: Myocardial contrast echocardiographic diagnosis and follow-up of interventricular septal hematoma after retrograde intervention for a chronic total occlusion of a right coronary artery: a case report

Manuscript number (if known): CDT-21-707

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| | | the Guangzhou Science and technology plan (201904010448) | The payment was made to me, personally. |
| | | the Clinical transformation research of the Guangdong Provincial People's Hospital (2017zh04) | The payment was made to me, personally. |
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This study was supported by the General project of Guangdong Natural Science Foundation (2021A1515012232), the Guangzhou Science and technology plan (201904010448), and the Clinical transformation research of the Guangdong Provincial People's Hospital (2017zh04), and the payments were paid to Hongwen Fei personally.

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