

ICMJE DISCLOSURE FORM

Date: August 28, 2022

Your Name: Qing Duan

Manuscript Title: Giant Cavernous Hemangioma of the Left Atrial Appendage: A Case Description and Literature Analysis

Manuscript number (if known): QIMS-22-460

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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ICMJE DISCLOSURE FORM

Date: August 28, 2022

Your Name: Gaowu Yan

Manuscript Title: Giant Cavernous Hemangioma of the Left Atrial Appendage: A Case Description and Literature Analysis

Manuscript number (if known): QIMS-22-460

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ICMJE DISCLOSURE FORM

Date: August 28, 2022

Your Name: Yan Li

Manuscript Title: Giant Cavernous Hemangioma of the Left Atrial Appendage: A Case Description and Literature Analysis

Manuscript number (if known): QIMS-22-460

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Date: August 28, 2022

Your Name: Ling Yang

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Your Name: Morgan A. McClure

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Date: August 28, 2022

Your Name: Anup Bhetuwal

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Manuscript number (if known): QIMS-22-460

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Date: August 28, 2022

Your Name: Jing Yan

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Date: August 28, 2022

Your Name: Guoqing Yang

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Your Name: Yong Li

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Date: August 28, 2022

Your Name: Linwei Zhao

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5		<input checked="" type="checkbox"/> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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:

None.

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

☐ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.