ICMJE DISCLOSURE FORM

Date:_____5.11.2022_____
Your Name:__Wenjing Zhao_____
Manuscript Title:_____ A rare giant cardiac lymphangioma in adults
_____
Manuscript number (if known):_QIMS-22-794_____

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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3	Royalties or licenses	____None	
4	Consulting fees	____None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____None	
6	Payment for expert testimony	____None	
7	Support for attending meetings and/or travel	____None	
8	Patents planned, issued or pending	____None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____None	
13	Other financial or non-financial interests	____None	

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None

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

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ICMJE DISCLOSURE FORM

Date:_____5.11.2022_____
Your Name:__Peiqing Ma_____
Manuscript Title:_____ A rare giant cardiac lymphangioma in adults
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Manuscript number (if known):_QIMS-22-794_____

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Date:_____5.11.2022_____
Your Name:__Nan Zhang_____
Manuscript Title:_____ A rare giant cardiac lymphangioma in adults
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Manuscript number (if known):_QIMS-22-794_____

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ICMJE DISCLOSURE FORM

Date:_____5.11.2022_____
Your Name:__Jiayi Liu_____
Manuscript Title:_____ A rare giant cardiac lymphangioma in adults
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Manuscript number (if known):_QIMS-22-794_____

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Date:_____5.11.2022_____
Your Name:__Dongting Liu_____
Manuscript Title:_____ A rare giant cardiac lymphangioma in adults
_____
Manuscript number (if known):_QIMS-22-794_____

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Date:_____5.11.2022_____
Your Name:__Zhonghua Sun _____
Manuscript Title:_____ A rare giant cardiac lymphangioma in adults
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Manuscript number (if known):_QIMS-22-794_____

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Date:_____5.11.2022_____
Your Name:__Lei Xu_____
Manuscript Title:_____ A rare giant cardiac lymphangioma in adults
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Manuscript number (if known):_QIMS-22-794_____

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Date:_____5.11.2022_____
Your Name:__Zhaoying Wen_____
Manuscript Title:_____ A rare giant cardiac lymphangioma in adults
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Manuscript number (if known):_QIMS-22-794_____

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Date:_____5.11.2022_____
Your Name:__Yu Li_____
Manuscript Title:_____ A rare giant cardiac lymphangioma in adults
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