## **ICMJE DISCLOSURE FORM**

Date:	December 18, 2023		
Your Name:			
Manuscript Title:	A Rare Case of Mitral V	alve Dysplasia and Left Ventricular Non-Compactio	n:
Surgical Manageme	ent and Genetic		
Investigation			
Manuscript number	' (if known):	_QIMS-23-1159-R1	
In the interest of tra	ansparency, we ask you to o	disclose all relationships/activities/interests listed b	elow
related to the conte	ent of your manuscript. "Rel	ated" means any relation with for-profit or not-for-	profit
parties whose inter commitment	ests may be affected by the	content of the manuscript. Disclosure represents	a
	d does not necessarily indic //interest, it is preferable th	ate a bias. If you are in doubt about whether to list at you do so.	ta
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		cation is not mentioned in the manuscript.	
other items,	port all support for the wor	k reported in this manuscript without time limit. Fo	or all
	Name all entities with	·	
	whom you have this relationship or indica	(e.g., if payments were made to you or to your institution)	
	none (add rows as	institution,	
	needed)		
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All support for the	<b>_X</b> _None		
present manuscrip	t (e.g.,		
funding, provision			
study materials, m			
writing, article prod	cessing		

Time frame: past 36 months

**X**\_None

charges, etc.)

item.

No time limit for this

Grants or contracts from

any entity (if not indicated

		T	
	in item #1 above).		
3	Royalties or licenses	<b>X</b> _None	
4	Consulting fees	<b>X</b> None	
5	Payment or honoraria for	<b>X</b> _None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony	ANone	
	testimony		
7	Support for attending	V None	
'	meetings and/or travel	X_None	
	modings and of traver		
0	Detents planned issued	V N	
8	Patents planned, issued or pending	X_None	
	or pending		
9	Participation on a Data	V None	
9	Safety Monitoring Board	<b>X</b> _None	
	or Advisory Board		
10	Leadership or fiduciary	<b>X</b> None	
10	role in other board,	_ <b>X</b> None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	<b>X</b> None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
10	Services Other financial or non	V N	
13	Other financial or non- financial interests	X_None	
	ilianciai iinterests		
Ple	ease summarize the abo	ve conflict of interest in	the following box:

None			

Ple	ease place an "X" next to	the following stateme	nt to indicate your agreement:
	I certify that I have ar estions on this form.	nswered every question	and have not altered the wording of any of the
Da	te:Dece	mber 18, 2023	
	ur Name:Aijua		
Fai	ng		
Ma	nuscript Title:A R	are Case of Mitral Valve	Dysplasia and Left Ventricular Non-Compaction:
	rgical Management and restigation		
Ма	nuscript number (if kno	wn):Q	IMS-23-1159-R1
	the interest of transpare at are	ncy, we ask you to disc	lose all relationships/activities/interests listed below
	ated to the content of yo	our manuscript. "Relate	d" means any relation with for-profit or not-for-profit
-	rties whose interests ma mmitment	y be affected by the co	ntent of the manuscript. Disclosure represents a
	transparency and does i ationship/activity/interes	<del>-</del>	a bias. If you are in doubt about whether to list a ou do so.
<u>cu</u>	e following questions ap <u>rrent</u> ınuscript onl <u>y</u> .	pply to the author's rela	tionships/activities/interests as they relate to the
	e author's relationships/ rtains	activities/interests sho	uld be <u>defined broadly</u> . For example, if your manuscript
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	item #1 below, report all ner items,	support for the work re	eported in this manuscript without time limit. For all
the	e time frame for disclosu	re is the past 36 month	S.
		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)	
	Ti	me frame: Since the initia	planning of the work

All support for the present manuscript (e.g.,

funding, provision of

**X**\_None

2	study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: past 36 monthsX_NoneX_None
4	Consulting fees	XNone
6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNoneXNone
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

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:
_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this
form.
Date:December 18, 2023
Your Name:Hui
Chen
Manuscript Title:A Rare Case of Mitral Valve Dysplasia and Left Ventricular Non-Compaction: Surgical Management and Genetic Investigation
Manuscript number (if known):QIMS-23-1159-R1
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 <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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

		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)
		me frame: Since the initia	l 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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>X</b> None	
3	Royalties or licenses	<b>X</b> None	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<b>X</b> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	XNone	
11	unpaid Stock or stock options	<b>X</b> None	

2	Receipt of equipment,	X_None				
	materials, drugs, medical					
	writing, gifts or other services					
3	Other financial or non-	X None				
٦	financial interests	<b>X</b> None				
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		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)
1	All support for the	me frame: Since the initial  X None	planning of the work
'	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	<b>X_</b> _None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	_XNone	
	or pending		

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	None		
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3	Other financial or non- financial interests	X_None	
-	writing, gifts or other services		
	Receipt of equipment, materials, drugs, medical	_ <b>X</b> None	
l	unpaid Stock or stock options	X_None	
	society, committee or advocacy group, paid or		
	role in other board,		
)	Leadership or fiduciary	X None	

related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit

Participation on a Data

third

**X**\_None

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	141	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the	X_None	planning of the work
'	present manuscript (e.g.,	<b>A</b> None	
	funding, provision of		
	study materials, medical		
	writing, article processing charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	_X_None	
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5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	_XNone	
	testimony		

Support for attending meetings and/or travel	_ <b>X</b> _None	
Patents planned, issued or pending	XNone	
Participation on a Data Safety Monitoring Board or Advisory Board	<b>X</b> None	
Deadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
Stock or stock options	X_None	
2 Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
Other financial or non-financial interests	X_None	
Please summarize the abo	ve conflict of interes	st in the following box:
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•	_	ement to indicate your agreement: stion and have not altered the wording of any of the

Manuscript Title: Surgical Management a		ral Valve Dysplasia and Left V	entricular Non-Compaction:
Investigation			
Manuscript number (if k	(nown):	QIMS-23-1159-R1	

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	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>X</b> None			
3	Royalties or licenses	<b>X</b> None			
4	Consulting fees	X_None			

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5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	<b>X</b> None	
7	Support for attending meetings and/or travel	<b>X</b> None	
8	Patents planned, issued	_XNone	
	or pending		
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9	Participation on a Data	_XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	<b>X</b> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<b>_X</b> _None	
13	Other financial or non-	X None	
13	financial interests	ANone	
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PI	ease summarize the abo	ve conflict of interest in	n the following box:
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Please place an "X" next to the following statement to indicate your agreement:

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