

ICMJE DISCLOSURE FORM

Date: Mar. 31th, 2021

Your Name: Xinge Cheng

Manuscript Title: Multiple systemic artery to pulmonary artery malformations: A case description

Manuscript number (if known): QIMS-21-109

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	__X__ None	
4	Consulting fees	__X__ None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Dr. Cheng has nothing to disclose.

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.

ICMJE DISCLOSURE FORM

Date: Mar. 31th, 2021

Your Name: Xiaoyong Zhang

Manuscript Title: Multiple systemic artery to pulmonary artery malformations: A case description

Manuscript number (if known): QIMS-21-109

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ICMJJE DISCLOSURE FORM

Date: Mar. 31th, 2021

Your Name: Fujia Gu

Manuscript Title: Multiple systemic artery to pulmonary artery malformations: A case description

Manuscript number (if known): QIMS-21-109

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ICMJJE DISCLOSURE FORM

Date: Mar. 31th, 2021

Your Name: Chong Tian

Manuscript Title: Multiple systemic artery to pulmonary artery malformations: A case description

Manuscript number (if known): QIMS-21-109

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Dr. Tian has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: Mar. 31th, 2021

Your Name: Rongpin Wang

Manuscript Title: Multiple systemic artery to pulmonary artery malformations: A case description

Manuscript number (if known): QIMS-21-109

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ICMJE DISCLOSURE FORM

Date: Mar. 31th, 2021

Your Name: Jiaxiang Chen

Manuscript Title: Multiple systemic artery to pulmonary artery malformations: A case description

Manuscript number (if known): QIMS-21-109

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ICMJE DISCLOSURE FORM

Date: Mar. 31th, 2021

Your Name: Jian Liu

Manuscript Title: Multiple systemic artery to pulmonary artery malformations: A case description

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ICMJJE DISCLOSURE FORM

Date: Mar. 31th, 2021

Your Name: Xianchun Zeng

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