

**ICMJE DISCLOSURE FORM**

Date: May. 16<sup>th</sup> 2022  
 Your Name: Liqiang Sun  
 Manuscript Title: Epidemiological Studies of Accessory Cardiac Bronchus and A New Variant  
 Manuscript number (if known): QIMS-22-68-R2

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

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 Your Name: Liqing Dong  
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Date: May 16<sup>th</sup> 2022  
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Date: May 16th 2022  
 Your Name: Yingmin Chen  
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Date: May 16<sup>th</sup> 2022  
 Your Name: Shupian Zhang  
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