Date: <u>May 20<sup>th</sup>, 2022</u>	
Your Name: Yu Jin	
Manuscript Title: Hemostatic Complications	and Systemic Heparinization in Pediatric Post-cardiotomy Veno-arterial
<b>Extracorporeal Membrane Oxygenation Faile</b>	ed to Wean from Cardiopulmonary Bypass
Manuscript number (if known):	TP-22-104

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 <u>current manuscript only</u>.

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.

		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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	CIFMS	This work was supported by CAMS Innovation Fund for Medical Sciences (CIFMS) (2019XK320051, 2020-I2M-C&T-B-063).
		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	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
_			
7	Support for attending meetings and/or travel	<b>X</b> None	
8	Patents planned, issued or	_ <b>X</b> None	
	pending		
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
	Stock of Stock options	XNone	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Yu Jin confirms that this work was supported by CAMS Innovation Fund for Medical Sciences (CIFMS) (2019XK320051, 2020-I2M-C&T-B-063). The author has no other conflicts of interest to declare.

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

Date: <u>May 20<sup>th</sup>, 2022</u>	
Your Name: Yongli Cui	
Manuscript Title: Hemostatic Complication	ns and Systemic Heparinization in Pediatric Post-cardiotomy Veno-arterial
<b>Extracorporeal Membrane Oxygenation F</b>	ailed to Wean from Cardiopulmonary Bypass
Manuscript number (if known):	TP-22-104

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
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

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

Date: <u>May 20<sup>th</sup>, 2022</u>	
Your Name: Yang Zhang	
Manuscript Title: Hemostatic Complicat	ons and Systemic Heparinization in Pediatric Post-cardiotomy Veno-arterial
<b>Extracorporeal Membrane Oxygenation</b>	Failed to Wean from Cardiopulmonary Bypass
Manuscript number (if known):	TP-22-104

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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

Date: May 20 <sup>th</sup> , 2022	
Your Name: Peiyao Zhang	
Manuscript Title: Hemostatic Compli	cations and Systemic Heparinization in Pediatric Post-cardiotomy Veno-arterial
<b>Extracorporeal Membrane Oxygenati</b>	on Failed to Wean from Cardiopulmonary Bypass
Manuscript number (if known):	TP-22-104

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
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	

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

Date: May 20 <sup>th</sup> , 2022		
Your Name: <u>Liting Bai</u>		
Manuscript Title: Hemostatic Complicat	ons and Systemic Heparinization in Pediatric Post-cardiotomy Veno-arterial	
<b>Extracorporeal Membrane Oxygenation</b>	ailed to Wean from Cardiopulmonary Bypass	
Manuscript number (if known):	TP-22-104	

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
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	

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

Date: <u>May 20<sup>th</sup>, 2022</u>		
Your Name: Yixuan Li		
Manuscript Title: Hemostatic Complicati	ons and Systemic Heparinization in Pediatric Post-cardiotomy Veno-arterial	
Extracorporeal Membrane Oxygenation	ailed to Wean from Cardiopulmonary Bypass	
Manuscript number (if known):	TP-22-104	

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		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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
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	

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

Date: <u>May 20<sup>th</sup>, 2022</u>	
Your Name: Peng Gao	
Manuscript Title: Hemostatic Complicat	ons and Systemic Heparinization in Pediatric Post-cardiotomy Veno-arterial
<b>Extracorporeal Membrane Oxygenation</b>	ailed to Wean from Cardiopulmonary Bypass
Manuscript number (if known):	TP-22-104

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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 present	Time frame: Since the initial CIFMS	This work was supported by CAMS Innovation Fund for
	manuscript (e.g., funding,		Medical Sciences (CIFMS) (2019XK320051, 2020-I2M-
	provision of study materials,		C&T-B-063).
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time from a most	26 months
		Time frame: past	36 months
2	Grants or contracts from	<b>X</b> None	
	any entity (if not indicated in item #1 above).		
2	·	V	
3	Royalties or licenses	<b>X</b> None	
4	Consulting foos	V None	
4	Consulting fees	<b>X</b> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
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	

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Date: <u>May 20<sup>th</sup>, 2022</u>		
Your Name: Wenting Wa	ing	
Manuscript Title: Hemostati	c Complications and Systemic Heparinization in Pediatric Post-cardiotomy Ve	no-arterial
<b>Extracorporeal Membrane O</b>	xygenation Failed to Wean from Cardiopulmonary Bypass	· · · · · · · · · · · · · · · · · · ·
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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_ XNone	
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13	Other financial or non- financial interests	XNone	

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

Date: May 20 <sup>th</sup> , 2022		
Your Name: Xu Wang		
Manuscript Title: Hemostatic Complication	and Systemic Heparinization in Pediatric Post-cardiotomy Veno-arteria	<u>al</u>
<b>Extracorporeal Membrane Oxygenation Fai</b>	ed to Wean from Cardiopulmonary Bypass	
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Please place an "X" next to the following statement to indicate your agreement:

Date: May 20th, 2022	
Your Name: Jinping Liu	
Manuscript Title: Hemostatic Complication	ns and Systemic Heparinization in Pediatric Post-cardiotomy Veno-arterial
<b>Extracorporeal Membrane Oxygenation F</b>	niled to Wean from Cardiopulmonary Bypass
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

Date: <u>May 20<sup>th</sup>, 2022</u>	
Your Name: <u>Jinxiao Hu</u>	
Manuscript Title: Hemostatic Complicat	ons and Systemic Heparinization in Pediatric Post-cardiotomy Veno-arterial
<b>Extracorporeal Membrane Oxygenation</b>	Failed to Wean from Cardiopulmonary Bypass
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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