Date: <u>0/2 3</u> Your Name:	Taylo	Koer	nes			
/lanuscript Title: _	Aprilion	value	Leu flets	are Asymmeti	re and	Correlated with the origino
Manuscript number	r (if known):		//		Core
,	an Same water					Any

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</u> <u>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)
		Time frame: Since the initi	al 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.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

lectu spea man educ	nent or honoraria for ires, presentations, kers bureaus, uscript writing or ational events nent for expert	None	
Payn	nent for expert	None	
	mony		
	oort for attending tings and/or travel	None	
Pate pend	nts planned, issued or ling	None	
Safet	cipation on a Data ty Monitoring Board or sory Board	None	
0 Lead in ot com	ership or fiduciary role her board, society, mittee or advocacy p, paid or unpaid	None	
Account to the second s	k or stock options	None	
mate	ript of equipment, erials, drugs, medical ng, gifts or other ces	None	
	er financial or non- ncial interests	None	

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

	ICMJE DISCLOSU	RE FORM		Telegi	None		
. Date: 6/23	/23		5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None		
Your Name: Manuscript Title: Manuscript number (if	ortic Valve Leaflets are Asymmetric and Col	related with the Origin of Coronary Arteries	6	educational events Payment for expert testimony	None	100 IS HIS DIVERSUS A 16 U.S.	
related to the content of parties whose interests	s may be affected by the content of the	tionships/activities/interests listed below that are ny relation with for-profit or not-for-profit third manuscript. Disclosure represents a commitment ou are in doubt about whether to list a	7	Support for attending meetings and/or travel	None		
relationship/activity/in	nterest, it is preferable that you do so.	ctivities/interests as they relate to the <u>current</u>	8	Patents planned, issued or pending	None		
manuscript only. The author's relationsh		ned broadly. For example, if your manuscript pertains elationships with manufacturers of antihypertensive	9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society,	None		
In item #1 below, repo	ort all support for the work reported in closure is the past 36 months.	this manuscript without time limit. For all other items,	11	committee or advocacy group, paid or unpaid Stock or stock options	None		
	whom you have this relationship or indicate none (add rows as needed)	cdifications/Comments by if payments were made to you or to your ditution)	12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None		Mensil Fig.
All support for the pres manuscript (e.g., fundin provision of study mate medical writing, article processing charges, etc., No time limit for this ite Grants or contracts from	ng. prinits, pm. Time frame: past 36 mo			financial interests	e conflict of interest	in the following box:	
any entity (if not indicated in item #1 above). Royalties or licenses	None						
4 Consulting fees	None		7	-		ement to indicate your agreement: stion and have not altered the wording of a	any of the qu

Date: <u>6/26/2023</u>	
Your Name:May	me Marshall
Manuscript Title:	Aortic Valve Leaflets are Asymmetric and Correlated with the Origin of Coronary Arteries
Manuscript number	

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) Time frame: Since the initia	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.	_XNone	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _XNone	36 months
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	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Descipt of equipment	V. None	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
12	services Other financial or non-	V None	
13	financial interests	_XNone	
Plea	ise summarize the above co	nflict of interest in the fo	ollowing box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this m. Mayne marshall

6/26/2623

Date: (0/23)	Duran Jall	
Your Name:	mon Jall	
	Aortic Valve Leaflets are Asymmetric and Correlated with the Origin of Coronary Arteries	
Manuscript number	(if known):	

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)
		Time frame: Since the initi	al 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.	X_None	
	Ebele statements y U.	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

Nons

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.

Date:6/22/23	
Your Name:Meg	an Childress, MD
Manuscript Title:	Aortic Valve Leaflets are Asymmetric and Correlated with the Origin of Coronary Arteries
Manuscript number	(if known):

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) Time frame: Since the initial	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.	_xNone	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastx_None	36 months
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_xNone	
Ö	Payment for expert testimony	_xNone	
7	Support for attending meetings and/or travel	_xNone	
3	Patents planned, issued or pending	_x_None	
)	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	_x_None	
.1	Stock or stock options	_xNone	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone	
3	Other financial or non- financial interests	_xNone	
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	ase place an "X" next to the _x I certify that I have answ		dicate your agreement: ave not altered the wording of any of the questions on

Date: 6/23/23	
Your Name: Ram: Khasouf	
Manuscript Title: Aprtic Wile beaflets are Asymmetric and	Correlated with the Origin of
Manuscript number (if known):	Corner
	Arten

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</u> <u>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)
		Time frame: Since the initi	al 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.	None	
311		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

		· · · · / · · · · · · · · · · · · · · ·	
5	Payment or honoraria for	<u>✓</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	<u> </u>	
6	Payment for expert	None	
	testimony		
econocia			
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
		1	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	V_None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other	,	
	services		
13	Other financial or non-	None	
	financial interests		

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

Rosy Kharry

Date:06/22/2023	ate:06/22/2023				
Your Name:Wen	our Name:Wen Li				
Manuscript Title:	Aortic Valve Leaflets are Asymmetric and Correlated with the Origin of Coronary Arteries				
lanuscript number (if known):					

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) Time frame: Since the initial	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.	_XNone	
		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	X _None	
8	Patents planned, issued or pending	X _None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X _None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X _None	
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	
	vase summarize the above o	onflict of interest in the fol	lowing box:

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

Date: 06/29/2023	
Your Name: Jorge D. Salazar, MD	

00/00/0000

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Ple	ease summarize the above co	onflict of interest in the fo	ellowing box:

Payment or honoraria for

None

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

Da	te: <u>6/22/23</u>		
Yo	ur Name: <u>Antonio Cori</u>	10	
Ma	nuscript Title: <u>AORTIC VAL</u>	<u>/E LEAFLETS ARE ASYMME</u>	TRIC AND CORRELATED WITH THE ORIGIN OF CORONARY
	TERIES		
Ma	nuscript number (if known)):	
rel par to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a poso. Ips/activities/interests as they relate to the current
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed 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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time 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	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	THORE	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests	***************************************	

✓ I certify tha	t I have answered every question and ha	ve not altered the wording of any of	the questions on this
form.	Antonio Go	TUNE JUNE	22,202