

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Yuanyuan

2. Surname (Last Name)
Liu

3. Date
06-December-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Chunhua Zheng, Min bao

5. Manuscript Title
Persistent fifth aortic arch: a single centre experience

6. Manuscript Identifying Number (if you know it)

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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hui	2. Surname (Last Name) Zhang	3. Date 06-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chunhua Zheng, Min Bao
5. Manuscript Title Persistent fifth aortic arch: a single centre experience		
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Section 1. Identifying Information

1. Given Name (First Name)

Jun

2. Surname (Last Name)

Ren

3. Date

06-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Chunhua Zheng, Min Bao

5. Manuscript Title

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Dr. Ren has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name) Aimei	2. Surname (Last Name) Cao	3. Date 06-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chunhua Zheng, Min Bao
5. Manuscript Title Persistent fifth aortic arch: a single centre experience		
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Jinghui

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Guo

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06-December-2020

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Chunhua Zheng, Min Bao

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Persistent fifth aortic arch: a single centre experience

6. Manuscript Identifying Number (if you know it)

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Bao

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06-December-2020

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