

ICMJE DISCLOSURE FORM

Date: Jun. 26th, 2021

Your Name: Yuan Zhao

Manuscript Title: Diagnosis of retrotracheal left brachiocephalic vein with prenatal ultrasound: report of one case

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.

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Date: Jun. 26th, 2021

Your Name: Xueqin Ji

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Date: Jun. 26th, 2021

Your Name: Lili Ding

Manuscript Title: Diagnosis of retrotracheal left brachiocephalic vein with prenatal ultrasound: report of one case

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Date: Jun. 26th, 2021

Your Name: Yan Xia

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Date: Jun. 26th, 2021

Your Name: Yang Wu

Manuscript Title: Diagnosis of retrotracheal left brachiocephalic vein with prenatal ultrasound: report of one case

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Your Name: Rui Xu

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