Date:(Oct. 13 th	, 2021
Your Name	e: <u>/</u>	Aihua Wang
Manuscrip	t Title: _	Delayed multiple intracranial aneurysms caused by left atrial myxoma: a case report and
literature ı	review	
Manuscrip	t numbe	er (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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		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 initial	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	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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending	XNone	
	meetings and/or travel		
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	X None	
	τ,		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

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

Date: Nov. 10 th , 2021	
Your Name: Zhaoxia Wang	
Manuscript Title: Delayed multiple intracranial aneurysms caused by left atrial myxoma:	a case report and
literature review	
Manuscript number (if known):	

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10	Leadership or fiduciary role	XNone	
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11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

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

Date: Oct. 13 th , 2021	
Your Name: Ke Hu	
Manuscript Title: Delayed multiple intracranial aneurysms caused by left atrial myxoma: a case r	eport and
literature review	
Manuscript number (if known):	

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11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

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

Date: Oct. 13 th , 2021	
Your Name: Jinzhi Liu	
Manuscript Title: Delayed multiple intracranial aneurysms caused by left atrial myxoma	: a case report and
literature review	_
Manuscript number (if known):	-

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4	Consulting fees	XNone	

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	educational events		
6	Payment for expert	X None	
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	meetings and/or travel		
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11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

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

Date: <u>Oct. 13th, 2</u>	2021	
Your Name: Qiv	wei Cao	
Manuscript Title: <u>De</u>	elayed multiple intracranial aneurysms caused by left atrial myxoma: a case rep	ort and
literature review		
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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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

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

Date: Oct. 13 th , 2021	
Your Name: Zixian Zhang	
Manuscript Title: Delayed multiple intracranial aneurysms caused by left atrial myxoma:	a case report and
literature review	
Manuscript number (if known):	

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13	Other financial or non-	X None	
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None.			

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

Date: Oct. 13 th , 2021	
Your Name: Zhihua Si	
Manuscript Title: Delayed multiple intracranial aneurysms caused by left atrial myxoma: a case r	eport and
literature review	
Manuscript number (if known):	

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13	Other financial or non-	X None	
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