

## ICMJE DISCLOSURE FORM

**Date:** 11/9/2021

**Your Name:** Yu Cao

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

## ICMJE DISCLOSURE FORM

**Date:** 11/9/2021

**Your Name:** Rongzhong Huang

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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## ICMJE DISCLOSURE FORM

**Date:** 11/25/2021

**Your Name:** Ruize Kong

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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**Date:** 12/2/2021

**Your Name:** Hongrong Li

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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**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.

## ICMJE DISCLOSURE FORM

**Date:** 12/4/2021

**Your Name:** Hong Zhang

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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

## ICMJE DISCLOSURE FORM

**Date:** 12/15/2021

**Your Name:** Yaxiong Li

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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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## ICMJE DISCLOSURE FORM

**Date:** 11/24/2021

**Your Name:** Liwen Liang

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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## ICMJE DISCLOSURE FORM

**Date:** 11/27/2021

**Your Name:** Da Xiong

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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**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.



## ICMJE DISCLOSURE FORM

**Date:** 12/5/2021

**Your Name:** Shen Han

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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

## ICMJE DISCLOSURE FORM

**Date:** 12/11/2021

**Your Name:** Liang Zhou

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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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## ICMJE DISCLOSURE FORM

**Date:** 12/16/2021

**Your Name:** Junyin Guo

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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

## ICMJE DISCLOSURE FORM

**Date:** 12/20/2021

**Your Name:** Guolin Dai

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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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## ICMJE DISCLOSURE FORM

**Date:** 12/16/2021

**Your Name:** Mingyao Meng

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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## ICMJE DISCLOSURE FORM

**Date:** 12/9/2021

**Your Name:** Hongbo Lou

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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## ICMJE DISCLOSURE FORM

**Date:** 11/19/2021

**Your Name:** Zongliu Hou

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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**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.

## ICMJE DISCLOSURE FORM

**Date:** 11/11/2021

**Your Name:** Lihong Jiang

**Manuscript Title:** Prevalence and Risk Factors for Congenital Heart Defects among Children in the Multi-Ethnic Yunnan Region of China

**Manuscript Number (if known):** TP-21-371

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 author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							Click the tab key to add additional rows.
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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