

#### **Instructions**

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## 1. Identifying information.

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Section 1.	Identifying Inform	ation		
1. Given Name (Fi Dan	, , ,	2. Surname (Last N		ember-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Xiaohui Li	
5. Manuscript Title A case report of a cerebral infarction	an infant after episodes	of paroxysmal sup	ventricular tachycardia with left ventricu	lar thrombosis and
6. Manuscript Ider APM-20-1797	ntifying Number (if you kn	ow it)		
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Section 2.	The Work Under Co	onsideration for	ublication	
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Key Project of Capital Application Research	Clinical Characteristic			
Section 3.	Relevant financial a	activities outside	the submitted work.	
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Section 4.	Intellectual Proper	ty Patents & Co	pyrights	
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Guo 1



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4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Xiaohui Li		
cerebral infarction.		ricular tachycardia with left ventricular thrombosis and		
6. Manuscript Identifying Number (if you ki APM-20-1797	now it)	_		
Section 2. The Weak Under C	onsideration for Public	sakion.		
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	eive payment or services from g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
Section 3. Relevant financial	activities outside the	ubmitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4. Intellectual Proper	rty Patents & Copyric	ahts		
Do you have any patents, whether plan				

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Section 5.	
Rel	ationships not covered above
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	cript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements may ask authors to disclose further information about reported relationships.
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Dr. Guo has nothing t	to disclose.

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Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
Beijing Hospital Adm Climbing" Talents De		✓				
Key Project of Capital Application Research	Clinical Characteristic	✓				
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patent

Liao 1



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4. Are you the corresponding author?	are you the corresponding author?			
<ol><li>Manuscript Title</li><li>A case report of an infant after episode cerebral infarction.</li></ol>	s of paroxysmal supravent	ricular tachycardia with lef	t ventricular thrombosis and	
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Did you or your institution <b>at any time</b> receany aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interesting the state of the st	g but not limited to grants, da			
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Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter-	ibed in the instructions. Us port relationships that wer	se one line for each entity;	add as many lines as you need by	
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Do you have any patents, whether plan			? ☐ Yes ✓ No	

Liao 2



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•	evant conflicts of intere							
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Do you have any	patents, whether planr	ied, pendi	ng or issued, k	oroadly releva	ant to the	work? Yes	✓ No	

Zhang 2



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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

## Relationships not covered above.

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Shi 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi	rst Name)	2. Surname (Las Shi	: Name)		3. Date 22-Novemb	per-2020
4. Are you the corresponding author?		Yes ✓	No Correspor Xiaohui L	nding Author's N .i	Name	
5. Manuscript Title A case report of cerebral infarction	an infant after episodes	of paroxysmal s	upraventricular tach	ycardia with le	eft ventricular 1	thrombosis and
6. Manuscript Ider APM-20-1797	ntifying Number (if you kn	ow it)				
	ı					
Section 2.	The Work Under Co	onsideration f	or Publication			
any aspect of the s statistical analysis,	stitution <b>at any time</b> receisubmitted work (including etc.)? evant conflicts of intere	but not limited to				
•	out the appropriate info			n one entity p	ress the "ADD'	button to add a row.
Excess rows can	be removed by pressing	g the "X" button.				
Name of Institut	ion/Company	Grant? Perso		Other? Co	omments	
Key Project of Capital Application Research	Clinical Characteristic	<b>✓</b>				
Section 3.	Relevant financial	activities outs	de the submitted	l work.		
of compensation clicking the "Add	the appropriate boxes i a) with entities as descri box. You should rep	bed in the instru port relationship:	ctions. Use one line for that were <b>present</b> of	for each entity;	; add as many	lines as you need by
Are there any rel	evant conflicts of intere	est? Yes	✓ No			
Section 4.	Intellectual Proper	ty Patents &	Copyrights			
Do you have any	patents, whether plani	ned, pending or	ssued, broadly relev	ant to the wor	rk? Yes	✓ No

Shi 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Shi reports gi study; .	rants from Key Project of Capital Clinical Characteristic Application Research, during the conduct of the

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Shi 3



#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Lin 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Yao		2. Surname (Last Lin	lame)		3. Date 22-Novemb	per-2020
4. Are you the corresponding author?		Yes ✓ N	•	Corresponding Author's Name Xiaohui Li		
5. Manuscript Title A case report of cerebral infarction	an infant after episode:	s of paroxysmal su	oraventricular tachy	ycardia with le	eft ventricular 1	thrombosis and
6. Manuscript Ider APM-20-1797	ntifying Number (if you kr	now it)				
	ı					
Section 2.	The Work Under Co	onsideration fo	Publication			
any aspect of the s statistical analysis,	stitution <b>at any time</b> rece ubmitted work (including etc.)? evant conflicts of intere	but not limited to g				
•	out the appropriate info			n one entity pr	ress the "ADD'	' button to add a row.
Excess rows can	be removed by pressin	g the "X" button.				
Name of Institut	ion/Company	Grant? Person		Other? Co	omments	
Key Project of Capital Application Research	Clinical Characteristic					
Section 3.	Relevant financial	activities outsic	e the submitted	work.		
of compensation clicking the "Add	the appropriate boxes i ) with entities as descri   +" box. You should re	ibed in the instruct port relationships	ions. Use one line f hat were <b>present c</b>	or each entity;	; add as many	lines as you need by
Are there any rel	evant conflicts of intere	est? Yes .	<u>∕</u> No			
Section 4.	Intellectual Proper	rty Patents & (	Copyrights			
Do you have any	patents, whether plan	ned, pending or is	sued, broadly releva	ant to the worl	k? Yes	✓ No

Lin 2



Costion F				
Section 5.	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?			
Yes, the following relationships/conditions/circumstances are present (explain below):				
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	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
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Dr. Lin reports gr study; .	rants from Key Project of Capital Clinical Characteristic Application Research, during the conduct of the			

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Liu 1



Section 1.	Identifying Information						
1. Given Name (First Name) Yang		2. Surname (Last Name) Liu		3. Date 22-November-2020			
4. Are you the corresponding author?				Corresponding Author's Name Xiaohui Li			
5. Manuscript Title A case report of an infant after episodes of paroxysmal supraventricular tachycardia with left ventricular thrombosis and cerebral infarction.							
6. Manuscript Identifying Number (if you know it) APM-20-1797							
	ı						
Section 2.	The Work Under C	onsiderat	tion for Pu	ublication			
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?   Yes   No							
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.							
Name of Institut	ion/Company	Grant?	Personal Fees?	Non-Financial Other? Comments			
Key Project of Capital Application Research	Clinical Characteristic	<b>✓</b>					
Section 3.	Relevant financial	activities	outside t	the submitted work.			
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes V No							
c dicirc uniy fer	I		· 55				
Section 4.	Intellectual Proper	ty Pate	ents & Cop	pyrights			
Do you have any	patents, whether plan	ned, pendi	ing or issue	d, broadly relevant to the work? Yes V No			

Liu 2



Section 5.	Relationships not covered above				
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):					
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