Date:_	2021/06/07		
Your N	ame: Jing Zhou		
Manus	cript Title: Independent risk	factors of hypoxemia in	patients after surgery with acute type A aortic dissection
Manus	cript number (if known):	APM-21-1428-R1	

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of a surious set	Name	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Dr. Jing Zhou has nothing to disclose.	

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

Date:20	021/06/07
Your Name:	Jieyi Pan
Manuscript	Title: Independent risk factors of hypoxemia in patients after surgery with acute type A aortic dissection
Manuscript	number (if known): APM-21-1428-R1

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
10	Advisory Board Leadership or fiduciary role	Nana			
10	in other board, society,	None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	None			
	financial interests				
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Dr. Jieyi Pan has nothing to disclose.		

Date:	2021/06/07			_
Your Na	me: Yuheng Yu			_
Manusc	ript Title: Independent risk	factors of hypoxemia in	patients after surgery with acute type A aortic dis	section
Manusc	ript number (if known):	APM-21-1428-R1		

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	Name	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	·		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
DIA	aca cummariza tha abaya c	antiist at interact in the fa	lowing boy:

Dr. Yuheng Yu has nothing to disclose.		

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

Date:	2021/06/07				
Your Na	me: Weixiang Huang				
Manusc	ript Title: <u>Independent risl</u>	factors of hypoxemia in	patients after surgery	with acute type A	aortic dissection
Manusc	rint number (if known):	ΔPM-21-1428-R1			

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4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of accions and	Nege	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	lowing box:

Dr. Weixiang Huang has nothing to disclose.	Dr. Weixiang Huang has nothing to disclose.		

Date:	2021/06/07		
Your Na	ame: Yan Lai		
Manus	cript Title: <u>Independent risk</u>	factors of hypoxemia in	patients after surgery with acute type A aortic dissection
Manus	cript number (if known):	APM-21-1428-R1	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:

Dr. Yan Lai has nothing to disclose.		

Date:_	2021/06/07				
Your N	ame: Weibo Liang				
Manus	cript Title: Independent risl	factors of hypoxemia in	patients after surge	ery with acute type	A aortic dissection
Manus	cript number (if known):	APM-21-1428-R1	-		

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1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
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Dr. ۱	Weibo Liang has nothing to disclose.	

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

Date:	2021/06/07				
Your Na	ame: Lingbo Nong				
Manuso	ript Title: <u>Independent ris</u>	k factors of hypoxemia in	patients after surge	ry with acute type A	aortic dissection
Manuso	cript number (if known):	APM-21-1428-R1	-	-	

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	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	
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Dr. Lingbo Nong has nothing to disclose.	

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

Date: 2021/06/07				
Your Name: Xuesong Liu				
Manuscript Title: Independent risk	factors of hypoxemia in	patients after surgery	with acute type A	aortic dissection
Manuscript number (if known):	APM-21-1428-R1			

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2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
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Dr. Xuesong Liu has nothing to disclose.		

Date:	2021/06/07				
Your Na	ame: Sibei Chen				
Manus	cript Title: <u>Independent risk</u>	factors of hypoxemia in	patients after surgery w	ith acute type A aortic di	ssection
Manus	cript number (if known):	APM-21-1428-R1			

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		Time frame: past	36 months
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3	Royalties or licenses	None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10		None	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Dr. Sibei Chen has nothing to disclose.		

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

Date:	2021/06/07		
Your Na	ame: Yonghao Xu		
Manus	cript Title: <u>Independent risk</u>	factors of hypoxemia in	patients after surgery with acute type A aortic dissection
Manus	cript number (if known):	APM-21-1428-R1	

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4	Consulting fees	None	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the fol	lowing box:

Dr. Yonghao Xu has nothing to disclo	ose.	

Date: 2021/06/07				
Your Name: Weigun He				
Manuscript Title: Independent risk	factors of hypoxemia in	patients after surgery	with acute type A	aortic dissection
Manuscript number (if known):	APM-21-1428-R1			

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	manuscript (e.g., funding, provision of study materials,		
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	No time limit for this item.		
		Time frame: past	36 months
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	any entity (if not indicated		
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Possint of aguinment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	lowing box:

Dr. Weiqun He has nothing to disclose.	

Date:	2021/06/07		
Your Na	ime: Yuanda Xu		
Manuso	ript Title: <u>Independent risl</u>	factors of hypoxemia in patients after surgery wit	h acute type A aortic dissection
Manuso	cript number (if known):	APM-21-1428-R1	

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6	Payment for expert	None	
	testimony		
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
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	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	llowing box:

Dr. Yuanda Xu has nothing to disclose.				

Date:_	2021/06/07		
Your N	ame: Xiaoqing Liu		
Manus	cript Title: <u>Independent risk</u>	factors of hypoxemia in	patients after surgery with acute type A aortic dissection
Manus	cript number (if known):	APM-21-1428-R1	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

_	Daymant or here were fer	Nana	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:

D	Dr. Xiaoqing Liu has nothing to disclose.		

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

Date:	2021/06/07		
Your Na	me: Yimin Li		
Manuso	ript Title: <u>Independent risk</u>	factors of hypoxemia in	patients after surgery with acute type A aortic dissection
Manuso	ript number (if known):	APM-21-1428-R1	

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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.	None None	pranning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Please summarize the above conflict of interest in the following box:			

Dr. Yimin Li has nothing to disclose.	

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

Date: <u>_2021/06/07</u> _		
Your Name: Yongbo Huang		
Manuscript Title: Independent risk	factors of hypoxemia in	patients after surgery with acute type A aortic dissection
Manuscript number (if known):	APM-21-1428-R1	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	•	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	lowing box:

Dr. Yongbo Huang has nothing to disclose.				

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

Date:	_2021/06/07				
Your Nan	ne: Ling Sang				
Manuscri	ipt Title: <u>Independent risk f</u>	actors of hypoxemia in	patients after surgery	with acute type A a	ortic dissection
Manuscri	ipt number (if known):	APM-21-1428-R1			

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Darticination on a Data	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	· · · · · · · · · · · · · · · · · · ·	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:

Dr. Ling Sang has nothing to disclose.				

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