

ICMJE DISCLOSURE FORM

Date: 2021/06/07

Your Name: Jing Zhou

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

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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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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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. Jing Zhou has nothing to disclose.

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

X 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: 2021/06/07

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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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Dr. Jieyi Pan has nothing to disclose.
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Please place an "X" next to the following statement to indicate your agreement:

X 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: 2021/06/07

Your Name: Yuheng Yu

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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Please summarize the above conflict of interest in the following box:

Dr. Yuheng Yu has nothing to disclose.
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ICMJE DISCLOSURE FORM

Date: 2021/06/07

Your Name: Weixiang 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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Please summarize the above conflict of interest in the following box:

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ICMJE DISCLOSURE FORM

Date: 2021/06/07

Your Name: Yan Lai

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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Dr. Yan Lai has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: 2021/06/07

Your Name: Weibo Liang

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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Dr. Weibo Liang has nothing to disclose.
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ICMJE DISCLOSURE FORM

Date: 2021/06/07

Your Name: Lingbo Nong

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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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

Date: 2021/06/07

Your Name: Sibei Chen

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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ICMJE DISCLOSURE FORM

Date: 2021/06/07

Your Name: Yonghao Xu

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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ICMJE DISCLOSURE FORM

Date: 2021/06/07

Your Name: Weiqun 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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ICMJE DISCLOSURE FORM

Date: 2021/06/07

Your Name: Yuanda Xu

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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ICMJE DISCLOSURE FORM

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Your Name: Xiaoping 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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Time frame: past 36 months			
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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	
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Dr. Xiaoqing Liu has nothing to disclose.

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Date: 2021/06/07

Your Name: Yimin Li

Manuscript Title: Independent risk factors of hypoxemia in patients after surgery with acute type A aortic dissection

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ICMJE DISCLOSURE FORM

Date: 2021/06/07

Your Name: Yongbo Huang

Manuscript Title: Independent risk factors of hypoxemia in patients after surgery with acute type A aortic dissection

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<p>Dr. Yongbo Huang has nothing to disclose.</p>
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ICMJE DISCLOSURE FORM

Date: 2021/06/07

Your Name: Ling Sang

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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