Date:	June 7, 2020	
Your Name:_	Yanbo Xu	
Manuscript Title:		Artificial Intelligence and Clinical Stability after the Norwood Operation
Manuscript n	umber (if know	n):

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	None	
		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	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		
10	Advisory Board	A.	
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options		
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 f	ollowing box:
	None.		

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.

Date:_	5/3/20)22		
Your N	lame:	Alaa	Aljiffry	
Manus	script Ti	itle:	Artificial Intelligence and Clinical Stability after the Norwood Operation	
Manus	script n	umber	(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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	xNone	
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	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	None	

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

I have no conflicts of interests 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.

Date:	Jun. 3, 2022
Your Name:	_Shenda Hong
Manuscript Ti	tle: Artificial Intelligence and Clinical Stability after the Norwood Operation
Manuscript n	umber (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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	None	
		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	

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

None		

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.

Date: 6/6/2022 Your Name: Justin B. Long, MD, MHI Manuscript Title: Artificial Intelligence and Clinical Stability after the Norwal Manuscript number (if known):	ood Operation	ı
	_	_

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Con (e.g., if payments v institution)	nments were made to you or to you	
		Time frame: Since the initia	l planning of the wo	rk	
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			
		Time frame: pas	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			

	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus, manuscript writing or educational events			
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or pending	None		A State Manager
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		7 170,000 10
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other services			
	writing, gifts or other services Other financial or non-	None		
	services	None		
13	services Other financial or non-	None	is a second	
13	services Other financial or non- financial interests ease summarize the above of		llowing box:	
13	services Other financial or non- financial interests		llowing box:	
13	services Other financial or non- financial interests ease summarize the above of		llowing box:	
13	services Other financial or non- financial interests ease summarize the above of		llowing box:	

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

Date:	Jun 7
Your Name:	Jimeng Sun
Manuscript Title	Artificial Intelligence and Clinical Stability after the Norwood Operation
Manuscript num	ber (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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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

Date:	_6/2/22	
Your Name:	Kevin Maher	
Manuscript Tit	le: Artificial Intelligence and Clinica	Stability after the Norwood Operation
Manuscript nu	mber (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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	_xNone	
4	Consulting fees	_xNone	

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

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

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