

#### 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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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.



Section 1. Identifying Info	rmation				
1. Given Name (First Name) Yang	2. Surname (Last Name) Yang	3. Date 08-December-2020			
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Xiaoming Zhang, Qingle Li			
5. Manuscript Title Prognostic Value of Estimated Glome	erular Filtration Rate and Pres	ence of Proteinuria in Type B Aortic Intramural Hematoma			
6. Manuscript Identifying Number (if you JTD-20-2543	ı know it)	_			
Section 2. The Work Under	Consideration for Public	ation			
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? 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 Institution/Company	Grant	n-Financial upport? Comments			
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Do you have any patents, whether pl	anned, pending or issued, bro	oadly relevant to the work? 🗌 Yes 🖌 No			



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Section 1.	Identifying Inform	ation			
1. Given Name (Fi Weihao	rst Name)	2. Surname (Last Name Li	e)		Date December-2020
4. Are you the cor	responding author?	Yes 🖌 No	•	ding Author's Name J Zhang, Qingle Li	
5. Manuscript Title Prognostic Value		lar Filtration Rate and	Presence of Pro	teinuria in Type B Ad	ortic Intramural Hematoma
6. Manuscript Ide JTD-20-2543	ntifying Number (if you kn	now it)			
Section 2.	The Work Under Co	onsideration for Pu	blication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o Excess rows can	submitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	est? Yes N prmation below. If you g the "X" button.	s, data monitorin O	g board, study design, n one entity press th	e "ADD" button to add a row.
Name of Institut	ion/Company	Grant <sup>?</sup> Personal Fees?	Support?	Other Comme	nts
National Natural Scie	nce Foundation of China	$\checkmark$			
Section 3.	Relevant financial	activities outside tl	ne submitted	work.	
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Section 4.	Intellectual Proper	ty Patents & Cop	yrights		
Do you have any	r patents, whether planr	ned, pending or issuec	l, broadly releva	ant to the work?	]Yes 🖌 No



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1. Given Name (Fii Mingyuan	rst Name)	2. Surname (Last Name Liu	2)		3. Date 12-Decembe	er-2020
4. Are you the cor	responding author?	Yes 🖌 No	-	ding Author's Nar Zhang, Qingl		
5. Manuscript Title Prognostic Value	e of Estimated Glomeru	lar Filtration Rate and I	Presence of Pro	teinuria in Type	B Aortic Intra	amural Hematoma
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		Fees?	Support?	Other Com		
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Identifying Inform	nation			
1. Given Name (First Name) Xiaoming	2. Surname (Last Name) Zhang	3. Date 12-December-2020		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Prognostic Value of Estimated Glomerular Filtration Rate and Presence of Proteinuria in Type B Aortic Intramural Hematoma				
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1. Given Name (First Name) Qingle	2. Surname (Last Name) Li	3. Date 11-December-2020			
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