

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Guang	2. Surname (Last Name) Tong	3. Date 12-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name RuixinFan & TuchengSun
5. Manuscript Title Femoral Artery Cannulation as a Safe Alternative for Aortic Dissection Arch Repair in the Era of Axillary Artery Cannulation		
6. Manuscript Identifying Number (if you know it) JTD-20-2113-R1		

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Dr. Tong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Donglin	2. Surname (Last Name) Zhuang	3. Date 12-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name RuixinFan & TuchengSun
5. Manuscript Title Femoral Artery Cannulation as a Safe Alternative for Aortic Dissection Arch Repair in the Era of Axillary Artery Cannulation		
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1. Given Name (First Name) Zhongchan	2. Surname (Last Name) Sun	3. Date 12-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name RuixinFan & TuchengSun
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Section 1. Identifying Information

1. Given Name (First Name)

Zerui

2. Surname (Last Name)

Chen

3. Date

12-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

RuixinFan & TuchengSun

5. Manuscript Title

Femoral Artery Cannulation as a Safe Alternative for Aortic Dissection Arch Repair in the Era of Axillary Artery Cannulation

6. Manuscript Identifying Number (if you know it)

JTD-20-2113-R1

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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name) Tuchen	2. Surname (Last Name) Sun	3. Date 12-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name RuixinFan & TuchengSun
5. Manuscript Title Femoral Artery Cannulation as a Safe Alternative for Aortic Dissection Arch Repair in the Era of Axillary Artery Cannulation		
6. Manuscript Identifying Number (if you know it) JTD-20-2113-R1		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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

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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 **present during the 36 months prior to publication**.

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Sun has nothing to disclose.

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