

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ling-chen

2. Surname (Last Name)
Huang

3. Date
04-March-2021

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Hospital outcome of concomitant tricuspid annuloplasty during totally endoscopic mitral valve surgery: a propensity matched study

6. Manuscript Identifying Number (if you know it)
JTD-20-3302

Section 2. The Work Under Consideration for Publication

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Dr. Huang has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

Qi-chen

2. Surname (Last Name)

Xu

3. Date

08-March-2021

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Hospital outcome of concomitant tricuspid annuloplasty during totally endoscopic mitral valve surgery: a propensity matched study

6. Manuscript Identifying Number (if you know it)

JTD-20-3302

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Dr. Xu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Dao-zhong

2. Surname (Last Name)

Chen

3. Date

05-March-2021

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Hospital outcome of concomitant tricuspid annuloplasty during totally endoscopic mitral valve surgery: a propensity matched study

6. Manuscript Identifying Number (if you know it)

JTD-20-3302

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Xiao-fu

2. Surname (Last Name)

Dai

3. Date

05-March-2021

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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Liang-wan

2. Surname (Last Name)

Chen

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05-March-2021

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☒ Yes ☐ No

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