ICMJE DISCLOSURE FORM

Date: **January 7, 2022**
Your Name: Shixiong Wang
Manuscript Title: **Transthoracic minimally invasive closure for the treatment of ruptured sinus of Valsalva aneurysm: immediate and mid-term follow-up results**
Manuscript number (if known):_____

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Date: **January 7, 2022**
Your Name: Debin Liu
Manuscript Title: **Transthoracic minimally invasive closure for the treatment of ruptured sinus of Valsalva aneurysm: immediate and mid-term follow-up results**
Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date: **January 7, 2022**
Your Name: Yongnan Li
Manuscript Title: **Transthoracic minimally invasive closure for the treatment of ruptured sinus of Valsalva aneurysm: immediate and mid-term follow-up results**
Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date: **January 7, 2022**
Your Name: Shiqun Wu
Manuscript Title: **Transthoracic minimally invasive closure for the treatment of ruptured sinus of Valsalva aneurysm: immediate and mid-term follow-up results**
Manuscript number (if known):_____

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Date: **January 7, 2022**
Your Name: Weifan Wang
Manuscript Title: **Transthoracic minimally invasive closure for the treatment of ruptured sinus of Valsalva aneurysm: immediate and mid-term follow-up results**
Manuscript number (if known):_____

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Date: **January 7, 2022**
Your Name: Qi Ma
Manuscript Title: **Transthoracic minimally invasive closure for the treatment of ruptured sinus of Valsalva aneurysm: immediate and mid-term follow-up results**
Manuscript number (if known):_____

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Date: **January 7, 2022**
Your Name: Yunjiao Li
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Date: **January 7, 2022**
Your Name: Wenli Wang
Manuscript Title: **Transthoracic minimally invasive closure for the treatment of ruptured sinus of Valsalva aneurysm: immediate and mid-term follow-up results**
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Date: **January 7, 2022**
Your Name: Bingren Gao
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