

ICMJE DISCLOSURE FORM

Date: _____ September 23th, 2021 _____

Your Name: _____ Jiaxin Chen _____

Manuscript Title: Clinical value of echocardiography in evaluating hemodynamics and right ventricular function in patients with chronic thromboembolic pulmonary hypertension after balloon pulmonary angioplasty _____

Manuscript number (if known): _____ JTD-21-1536 _____

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 current manuscript only.

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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Please summarize the above conflict of interest in the following box:

None.

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ICMJE DISCLOSURE FORM

Date: _____ September 23th, 2021 _____

Your Name: _____ Shangwei Ding _____

Manuscript Title: ___Clinical value of echocardiography in evaluating hemodynamics and right ventricular function in patients with chronic thromboembolic pulmonary hypertension after balloon pulmonary angioplasty _____

Manuscript number (if known): _____ JTD-21-1536 _____

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ICMJE DISCLOSURE FORM

Date: _____ September 23th, 2021 _____

Your Name: _____ Chenkai Zhang _____

Manuscript Title: Clinical value of echocardiography in evaluating hemodynamics and right ventricular function in patients with chronic thromboembolic pulmonary hypertension after balloon pulmonary angioplasty _____

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Date: _____ September 23th, 2021 _____

Your Name: _____ Rifei Li _____

Manuscript Title: Clinical value of echocardiography in evaluating hemodynamics and right ventricular function in patients with chronic thromboembolic pulmonary hypertension after balloon pulmonary angioplasty _____

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Date: _____ September 23th, 2021 _____

Your Name: _____ Wenliang Guo _____

Manuscript Title: Clinical value of echocardiography in evaluating hemodynamics and right ventricular function in patients with chronic thromboembolic pulmonary hypertension after balloon pulmonary angioplasty _____

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Date: _____ September 23th, 2021 _____

Your Name: _____ Chen Hong _____

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Manuscript Title: Clinical value of echocardiography in evaluating hemodynamics and right ventricular function in patients with chronic thromboembolic pulmonary hypertension after balloon pulmonary angioplasty _____

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