ICMJE DISCLOSURE FORM

Date	e:2023/1/6		
You	r Name:Zhua	ng Liu	
Mar	nuscript Title: Efficacy a	and safety of robotic cardi	ac surgery: a retrospective cohort study- RACS vs. TOHS
Mar	nuscript number (if known):		
rela part to to rela The mar The to to med	ted to the content of your relies whose interests may be ransparency and does not not interest, in following questions apply the content only. author's relationships/actions e epidemiology of hypertedication, even if that medicatem #1 below, report all sup	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. It is preferable that you do to the author's relationship vities/interests should be on nsion, you should declare ation is not mentioned in t	os/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertain all relationships with manufacturers of antihypertensive
tne	time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	XNone				
	testimony					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone		_		
	pending					
	D .:: D .	V N				
9	Participation on a Data Safety Monitoring Board or	XNone		_		
	Advisory Board			_		
10	Leadership or fiduciary role	X None		_		
10	in other board, society,			_		
	committee or advocacy			_		
	group, paid or unpaid					
11	Stock or stock options	X None				
	·					
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	X_None				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					
N	lone					

Please place an "X" next to the following statement to indicate your agreement:

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date	:2023/1/6		
Your	Name:Chen	gxin Zhang	
Man	uscript Title: Efficacy a	and safety of robotic cardia	ic surgery: a retrospective cohort study- RACS vs. TOHS
Manı	uscript number (if known):		
relate partie to tra	ed to the content of your n es whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the current
to th	• •	nsion, you should declare a	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.
	em #1 below, report all sup ime frame for disclosure is		l in this manuscript without time limit. For all other item
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	l planning of the work
	All support for the present	X_None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	The time time for this item.		
		Time frame: past	26 months
2	Grants or contracts from	X None	. Jo months
	any entity (if not indicated		
	in item #1 above).		
	Royalties or licenses	X None	
	, and or notified		
4	Consulting fees	X None	

5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	XNone				
	testimony					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone		_		
	pending					
	D .:: D .	V N				
9	Participation on a Data Safety Monitoring Board or	XNone		_		
	Advisory Board			_		
10	Leadership or fiduciary role	X None		_		
10	in other board, society,			_		
	committee or advocacy			_		
	group, paid or unpaid					
11	Stock or stock options	X None				
	·					
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	X_None				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					
N	lone					

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ICMJE DISCLOSURE FORM

Date:	2023/1/6		
Your Name:	Sheng	glin Ge	
Manuscript Title	e: Efficacy a	and safety of robotic cardia	ac surgery: a retrospective cohort study- RACS vs. TOHS
Manuscript nun	nber (if known):		
related to the co parties whose in to transparency	ontent of your naterests may be and does not n	nanuscript. "Related" mea affected by the content of	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
The following qu		o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to the epidemio	logy of hyperte		defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
		port for the work reported the past 36 months.	d in this manuscript without time limit. For all other item
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	Il planning of the work
	for the present	XNone	
-	(e.g., funding,		
-	study materials,		
medical writ	_		
	charges, etc.) it for this item.		
No time iiii	it for this item.		
		Time frame: past	t 26 months
2 Grants or co	ontracts from	X None	1.30 months
	f not indicated		
in item #1 a			
3 Royalties or		X None	
Troyanties of	necrises		
4 Consulting f	ees	X None	

5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	XNone				
	testimony					
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or	XNone		_		
	pending					
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9	Participation on a Data Safety Monitoring Board or	XNone				
	Advisory Board			_		
10	Leadership or fiduciary role	X None		_		
10	in other board, society,			_		
	committee or advocacy			_		
	group, paid or unpaid					
11	Stock or stock options	X None				
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	writing, gifts or other					
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13	Other financial or non-	XNone				
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			-			
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