

## ICMJE DISCLOSURE FORM

**Date:** 4/13/2023

**Your Name:** Chao Xue

**Manuscript Title:** Echocardiographic features and influencing factors of pulmonary hypertension of total anomalous pulmonary venous connection in adults

**Manuscript Number (if known):** JTD-22-1793

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.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

**Date:** 4/13/2023

**Your Name:** Xiaoyan Gu

**Manuscript Title:** Echocardiographic features and influencing factors of pulmonary hypertension of total anomalous pulmonary venous connection in adults

**Manuscript Number (if known):** JTD-22-1793

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## ICMJE DISCLOSURE FORM

**Date:** 4/13/2023

**Your Name:** Jiancheng Han

**Manuscript Title:** Echocardiographic features and influencing factors of pulmonary hypertension of total anomalous pulmonary venous connection in adults

**Manuscript Number (if known):** JTD-22-1793

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## ICMJE DISCLOSURE FORM

**Date:** 4/13/2023

**Your Name:** Ying Zhao

**Manuscript Title:** Echocardiographic features and influencing factors of pulmonary hypertension of total anomalous pulmonary venous connection in adults

**Manuscript Number (if known):** JTD-22-1793

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## ICMJE DISCLOSURE FORM

**Date:** 4/13/2023

**Your Name:** Ye Zhang

**Manuscript Title:** Echocardiographic features and influencing factors of pulmonary hypertension of total anomalous pulmonary venous connection in adults

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**Your Name:** Yihua He

**Manuscript Title:** Echocardiographic features and influencing factors of pulmonary hypertension of total anomalous pulmonary venous connection in adults

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.