

## ICMJE DISCLOSURE FORM

Date: 2023-07-15

Your Name: Yun Liu

Manuscript Title: The Radial Artery Graft in Coronary Artery Bypass Surgery, 1 week to 1 year post-operation.

Manuscript number (if known): JTD-23-574

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

**Please summarize the above conflict of interest in the following box:**

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## ICMJE DISCLOSURE FORM

Date: 2023-07-15

Your Name: Kaijie Qin

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## ICMJE DISCLOSURE FORM

Date: 2023-07-15

Your Name: Jiaxi Zhu

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Your Name: Haoyi Yao

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Your Name: Zhe Wang

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## ICMJE DISCLOSURE FORM

Date: 2023-07-15

Your Name: Mi Zhou

Manuscript Title: The Radial Artery Graft in Coronary Artery Bypass Surgery, 1 week to 1 year post-operation.

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Date: 2023-07-15

Your Name: Xiaofeng Ye

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Date: 2023-07-15

Your Name: Haiqing Li

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Date: 2023-07-15

Your Name: Jiapei Qiu

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Your Name: Yunpeng Zhu

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Your Name: Qiang Zhao

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