

ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Liang Qi

Manuscript Title: Analysis of the Hospitalization Costs of Surgical Patients with Congenital Heart Disease in the Plateau Region of Western China, 2010 – 2019

Manuscript number (if known): _____

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.

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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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| Time frame: Since the initial 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |

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

None

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

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: 7/25/2023

Your Name: Xiaoxue Wang

Manuscript Title: Analysis of the Hospitalization Costs of Surgical Patients with Congenital Heart Disease in the Plateau Region of Western China, 2010 - 2019

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Haixia Liu

Manuscript Title: Analysis of the Hospitalization Costs of Surgical Patients with Congenital Heart Disease in the Plateau Region of Western China, 2010 - 2019

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Athar Mahmood Qureshi, MD

Manuscript Title: Analysis of the Hospitalization Costs of Surgical Patients with Congenital Heart Disease in the Plateau Region of Western China, 2010–2019

Manuscript number (if known):

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _Yes___ | Consultant and Proctor for W.L. Gore and Associates and Medtronic Inc. |
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| 3 | Royalties or licenses | ___ None | |
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| 4 | Consulting fees | <u> </u> Yes | Consultant and Proctor for W.L. Gore and Associates and Medtronic Inc. |
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| 6 | Payment for expert testimony | <u> </u> None | |
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| 7 | Support for attending meetings and/or travel | <u> </u> Yes | Consultant and Proctor for W.L. Gore and Associates and Medtronic Inc. |
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| 8 | Patents planned, issued or pending | <u> </u> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
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| 11 | Stock or stock options | <u> </u> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <u> </u> None | |
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Please summarize the above conflict of interest in the following box:

Consultant and Proctor for W.L. Gore and Associates and Medtronic Inc.- not related to this manuscript

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

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: 7/21/23
 Your Name: Melissa Winder
 Manuscript Title: Analysis of the Hospitalization Costs of Surgical Patients with Congenital Heart Disease in the Plateau Region of Western China, 2010–2019
 Manuscript number (if known): _____

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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 7 | Support for attending meetings and/or travel | ___ None | |
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ICMJE DISCLOSURE FORM

Date: 24 July 2023

Your Name: Ching Kit Chen

Manuscript Title: Analysis of the Hospitalization Costs of Surgical Patients with Congenital Heart Disease in the Plateau Region of Western China, 2010–2019

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Bing Song

Manuscript Title: Analysis of the Hospitalization Costs of Surgical Patients with Congenital Heart Disease in the Plateau Region of Western China, 2010 - 2019

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ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Shuai Dong

Manuscript Title: Analysis of the Hospitalization Costs of Surgical Patients with Congenital Heart Disease in the Plateau Region of Western China, 2010 - 2019

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Yuhui Dang

Manuscript Title: Analysis of the Hospitalization Costs of Surgical Patients with Congenital Heart Disease in the Plateau Region of Western China, 2010 - 2019

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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |

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

| |
|------|
| None |
|------|

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

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