

ICMJE DISCLOSURE FORM

Date: September 28, 2023

Your Name: Min Xie

Manuscript Title: Effects of catheter ablation of focal atrial tachycardia using the visualized steerable sheath

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)
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.	___ X ___ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ X ___ None	
3	Royalties or licenses	___ X ___ None	
4	Consulting fees	___ X ___ None	

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

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

Dr. Xie has no relevant potential conflict of interest to disclose

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.

ICMJE DISCLOSURE FORM

Date: September 28, 2023

Your Name: Dingming Liu

Manuscript Title: Effects of catheter ablation of focal atrial tachycardia using the visualized steerable sheath

Manuscript number (if known): _____

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Dr. Liu has no relevant potential conflict of interest to disclose

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.

ICMJE DISCLOSURE FORM

Date: September 28, 2023

Your Name: Ruikun Jia

Manuscript Title: Effects of catheter ablation of focal atrial tachycardia using the visualized steerable sheath

Manuscript number (if known): _____

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13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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

Dr. Jia has no relevant potential conflict of interest to disclose

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.

ICMJE DISCLOSURE FORM

Date: September 28, 2023

Your Name: Yixuan Bai

Manuscript Title: Effects of catheter ablation of focal atrial tachycardia using the visualized steerable sheath

Manuscript number (if known): _____

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

Dr. Bai has no relevant potential conflict of interest to disclose

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.

ICMJE DISCLOSURE FORM

Date: September 28, 2023

Your Name: Juan Chan

Manuscript Title: Effects of catheter ablation of focal atrial tachycardia using the visualized steerable sheath

Manuscript number (if known): _____

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13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: September 28, 2023

Your Name: Zhongyun Lin

Manuscript Title: Effects of catheter ablation of focal atrial tachycardia using the visualized steerable sheath

Manuscript number (if known): _____

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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: September 28, 2023

Your Name: Paul Khairy

Manuscript Title: Effects of catheter ablation of focal atrial tachycardia using the visualized steerable sheath

Manuscript number (if known): _____

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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: September 28, 2023

Your Name: Kaijun Cui

Manuscript Title: Effects of catheter ablation of focal atrial tachycardia using the visualized steerable sheath

Manuscript number (if known): _____

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Dr. Cui has no relevant potential conflict of interest to disclose

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