

ICMJE DISCLOSURE FORM

Date: Oct. 24th, 2022

Your Name: Nonthikorn Theerasuwipakorn

Manuscript Title: Double orifice mitral valve: a report of two cases with different severity and treatment

Manuscript number (if known): ACR-22-52

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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Date: Oct. 24th, 2022

Your Name: Pairoj Chattranukulchai

Manuscript Title: Double orifice mitral valve: a report of two cases with different severity and treatment

Manuscript number (if known): ACR-22-52

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ICMJE DISCLOSURE FORM

Date: Oct. 24th, 2022

Your Name: Sudarat Satitthummanid

Manuscript Title: Double orifice mitral valve: a report of two cases with different severity and treatment

Manuscript number (if known): ACR-22-52

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ICMJE DISCLOSURE FORM

Date: Oct. 24th, 2022

Your Name: Monravee Tumkosit

Manuscript Title: Double orifice mitral valve: a report of two cases with different severity and treatment

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Date: Oct. 24th, 2022

Your Name: Pat Ongcharit

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Date: Oct. 24th, 2022

Your Name: Sarinya Puwanant

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