Date: 2024.1.12

YourName: Menghan Zheng

Manuscript Title: Idiopathic cardiac ossification with Chiari mesh in the right atrium: A Case Report and

Literature Review

Manuscript number (if known): ACR-23-168

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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		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.	Beijing Hospitals Authority nnovationStudio of Young Staff Funding Support, code: 202114	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4 Con	onsulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	None	
О	testimony	None	
	testimony		
7	Support for attending	None	
′	meetings and/or travel	None	
	meetings and, or traver		
8	Patents planned, issued or	None	
0	pending	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
4.0			
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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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.

Date: 2024.1.12

YourName: Dong Chen

Manuscript Title: Idiopathic cardiac ossification with Chiari mesh in the right atrium: A Case Report and

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4	Consulting fees	None	
_			
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	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
•	5 5 .	••	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
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Date: 2024.1.12

YourName: Jiaqi Wang

Manuscript Title: Idiopathic cardiac ossification with Chiari mesh in the right atrium: A Case Report and

Literature Review

Manuscript number (if known): ACR-23-168

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4	Consulting fees	None	
	_		
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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	••	
6	Payment for expert	None	
	testimony		
7	Constant for attending	News	
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	Nene	
13	Other financial or non- financial interests	None	
	ilitaticiai interests		

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Date: 2024.1.12

YourName: Jianfeng Shang

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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
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1	All support for the present	Beijing Hospitals Authority	
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	provision of study materials,	Staff Funding	
	medical writing, article	Support, code: 202114	
	processing charges, etc.)		
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,	meetings and/or travel	None	
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YourName: Fang Dong

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7	Support for attending meetings and/or travel	None	
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