ICMJE DISCLOSURE FORM

Date: ___ Mar. 20th, 2021____________________________________________________________

Your Name: ___ Yinghua Wang _____________________________________________

Manuscript Title: Risk factors for postoperative sepsis-induced cardiomyopathy in patients undergoing general thoracic surgery: a single center experience

Manuscript number (if known): ___ JTD-21-492_________________________________________________

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) |
| --- | --- | --- |
| 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 |
|   |   |   |
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|   |   |   |
|   |   |   |
| Time frame: Since the initial planning of the work |
| 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 |
| Time frame: past 36 months |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   |   |
|---|---|---|---|
| 5 | _X_ None |   |   |

|   | Payment for expert testimony |   |   |
|---|---|---|---|
| 6 | _X_ None |   |   |

|   | Support for attending meetings and/or travel |   |   |
|---|---|---|---|
| 7 | _X_ None |   |   |

|   | Patents planned, issued or pending |   |   |
|---|---|---|---|
| 8 | _X_ None |   |   |

|   | Participation on a Data Safety Monitoring Board or Advisory Board |   |   |
|---|---|---|---|
| 9 | _X_ None |   |   |

|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |   |   |
|---|---|---|---|
| 10 | _X_ None |   |   |

|   | Stock or stock options |   |   |
|---|---|---|---|
| 11 | _X_ None |   |   |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |   |   |
|---|---|---|---|
| 12 | ____None |   |   |

|   | Other financial or non-financial interests |   |   |
|---|---|---|---|
| 13 | _X_ None |   |   |

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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: ___ Mar. 20th, 2021______________________________________________________________
Your Name: ___Xinming Zhai________________________________________________________
Manuscript Title: Risk factors for postoperative sepsis-induced cardiomyopathy in patients undergoing general thoracic surgery: a single center experience
Manuscript number (if known): ___JTD-21-492__________________________________________

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|   |                                                                                              |                                                                                  |
| 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                                                                      |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
|---|--------------------------------------------------------------------------------------------------|-----------|
| 6 | Payment for expert testimony                                                                   | __X__None |
| 7 | Support for attending meetings and/or travel                                                   | __X__None |
| 8 | Patents planned, issued or pending                                                              | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                              | __X__None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid| __X__None |
| 11| Stock or stock options                                                                           | __X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                | ____None  |
| 13| Other financial or non-financial interests                                                        | __X__None |

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

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ICMJE DISCLOSURE FORM

Date: ___ Mar. 20\textsuperscript{th}, 2021
Your Name: ___ Minfang Zhu

Manuscript Title: Risk factors for postoperative sepsis-induced cardiomyopathy in patients undergoing general thoracic surgery: a single center experience
Manuscript number (if known): __JTD-21-492

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|----|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------|
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                         | _X_ None                                         |
|    | **No time limit for this item.**                                                               |                                                                                  |                                                  |
| 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                                                                         |                                                  |
|   | Conflict of Interest                                                                 | Agreement |
|---|--------------------------------------------------------------------------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None       |
| 6 | Payment for expert testimony                                                          | None       |
| 7 | Support for attending meetings and/or travel                                          | None       |
| 8 | Patents planned, issued or pending                                                    | None       |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                     | None       |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None       |
| 11| Stock or stock options                                                                | None       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services      | None       |
| 13| Other financial or non-financial interests                                            | None       |

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None

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Date: ___ Mar. 20^{th}, 2021____________________________________________________________
Your Name: ___ Yan Pan___________________________________
Manuscript Title: Risk factors for postoperative sepsis-induced cardiomyopathy in patients undergoing general thoracic surgery: a single center experience
Manuscript number (if known): _JTD-21-492_________________________________________________

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| 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 | |

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

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Date: ___ Mar. 20th, 2021 ______________________________________________________
Your Name: ___ Min Yang _____________________________________
Manuscript Title: Risk factors for postoperative sepsis-induced cardiomyopathy in patients undergoing general thoracic surgery: a single center experience
Manuscript number (if known): __ JTD-21-492 ________________________________

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| 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 |
|   | Conflict of Interest                                                                 | Response |
|---|--------------------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
| 6 | Payment for expert testimony                                                         | __X__None |
| 7 | Support for attending meetings and/or travel                                          | __X__None |
| 8 | Patents planned, issued or pending                                                    | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    | __X__None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |
| 11| Stock or stock options                                                               | __X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services      | ____None |
| 13| Other financial or non-financial interests                                            | __X__None |

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Date: ___ Mar. 20\textsuperscript{th}, 2021

Your Name: ___Kaiyan Yu___

Manuscript Title: Risk factors for postoperative sepsis-induced cardiomyopathy in patients undergoing general thoracic surgery: a single center experience

Manuscript number (if known): __JTD-21-492___

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|---|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | X None                                                                           |

Time frame: past 36 months

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|---|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 3 | Royalties or licenses                                                                        | X None                                                                           |

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

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Date: ___ Mar. 20th, 2021 _____________________________________________________________

Your Name: ___ Ben He ____________________________________________________________

Manuscript Title: Risk factors for postoperative sepsis-induced cardiomyopathy in patients undergoing general thoracic surgery: a single center experience

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|   | No time limit for this item.                                                                   |                                                                                     |
| 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                                                                             |

Time frame: Since the initial planning of the work

Time frame: past 36 months
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|---|-----------------------------------------------------------------------------|--------|
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
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