ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Dongjie

2. Surname (Last Name)  
Li

3. Date  
07-September-2020

4. Are you the corresponding author?  
[ ] Yes  [x] No

Corresponding Author’s Name  
Pixiong Su

5. Manuscript Title  
Outcomes of Left Internal Mammary Artery with Saphenous Vein Composite Graft to Bypass the Left Anterior Descending Artery—a Propensity-Matched Study

6. Manuscript Identifying Number (if you know it)  
JTD-20-2358

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Dr. Li has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Song

2. Surname (Last Name)  
   Gu

3. Date  
   07-September-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

   Corresponding Author’s Name  
   Pixiong Su

5. Manuscript Title  
   Outcomes of Left Internal Mammary Artery with Saphenous Vein Composite Graft to Bypass the Left Anterior Descending Artery—a Propensity-Matched Study

6. Manuscript Identifying Number (if you know it)  
   JTD-20-2358

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Yan

2. **Surname (Last Name)**
   - Liu

3. **Date**
   - 07-September-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Outcomes of Left Internal Mammary Artery with Saphenous Vein Composite Graft to Bypass the Left Anterior Descending Artery—a Propensity-Matched Study

6. **Manuscript Identifying Number (if you know it)**
   - JTD-20-2358

**Corresponding Author's Name**
- Pixiong Su

## Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  □ Yes  ✔ No

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Section 1. Identifying Information

1. Given Name (First Name)  
   Xitao

2. Surname (Last Name)  
   Zhang

3. Date  
   07-September-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Pixiong Su

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**Section 1. Identifying Information**

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   Xiangguang

2. Surname (Last Name)  
   An

3. Date  
   07-September-2020

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | Jun |
|----------------------------|-----|
| 2. Surname (Last Name)     | Yan |
| 3. Date                    | 07-September-2020 |
| 4. Are you the corresponding author? | Yes | No |
| Corresponding Author’s Name | Pixiong Su |

5. Manuscript Title
   Outcomes of Left Internal Mammary Artery with Saphenous Vein Composite Graft to Bypass the Left Anterior Descending Artery—a Propensity-Matched Study

6. Manuscript Identifying Number (if you know it)
   JTD-20-2358

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes ☐ No ✔

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes ☐ No ✔

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ✔
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Yan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hong
2. Surname (Last Name) Wang
3. Date 07-September-2020

4. Are you the corresponding author? ☒ Yes ☐ No
   Corresponding Author’s Name
   Pixiong Su

5. Manuscript Title
   Outcomes of Left Internal Mammary Artery with Saphenous Vein Composite Graft to Bypass the Left Anterior Descending Artery—a Propensity-Matched Study

6. Manuscript Identifying Number (if you know it)
   JTD-20-2358

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? ☐ Yes ☒ No

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Wang has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | Yulin |
|---------------------------|------|
| 2. Surname (Last Name)    | Guo  |
| 3. Date                   | 07-September-2020 |

4. Are you the corresponding author?  
- [ ] Yes  
- ✔ No

| Corresponding Author’s Name | Pixiong Su |

5. Manuscript Title  
Outcomes of Left Internal Mammary Artery with Saphenous Vein Composite Graft to Bypass the Left Anterior Descending Artery—a Propensity-Matched Study

6. Manuscript Identifying Number (if you know it)  
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- [ ] Yes  
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- ✔ No

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- ✔ No
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Section 1. Identifying Information

1. Given Name (First Name)  Pixiong
2. Surname (Last Name)  Su
3. Date  07-September-2020
4. Are you the corresponding author?  ✔ Yes  No

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