ICMJE DISCLOSURE FORM

Date: __Nov. 25th, 2021__
Your Name: __Meng-ying Zuo__
Manuscript Title: A novel de novo TBX20 variant in a 6-year-old Chinese girl with left ventricular noncompaction: A case report
Manuscript number (if known): __TP-21-460__

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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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.

| Item | Description | Time frame: Since the initial planning of the work | Specifications/Comments [e.g., if payments were made to you or to your institution] |
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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 | |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None | |
| 3    | Royalties or licenses | __X__ None | |
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| Item | Description | Time frame: past 36 months | Specifications/Comments [e.g., if payments were made to you or to your institution] |
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| 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 | X | None |
| 13 | Other financial or non-financial interests | X | None |

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

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.
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Date: Nov. 25th, 2021
Your Name: Jie Shen
Manuscript Title: A novel de novo TBX20 variant in a 6-year-old Chinese girl with left ventricular noncompaction: A case report
Manuscript number (if known): TP-21-460

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| #  | Time frame: Since the initial planning of the work | Time frame: past 36 months |
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| 3  | Royalties or licenses | __X__ None |
| 4  | Consulting fees | __X__ None |
|   | Conflict of Interest | Response |
|---|---------------------|----------|
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ICMJE DISCLOSURE FORM

Date: Nov. 25th, 2021  
Your Name: Ling Sun  
Manuscript Title: A novel de novo TBX20 variant in a 6-year-old Chinese girl with left ventricular noncompaction: A case report  
Manuscript number (if known): TP-21-460

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No time limit for this item. | __X__None | |
| 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 | |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          | _X_ None |
|   | manuscript writing or educational events                                    |        |
| 6 | Payment for expert testimony                                                | _X_ None |
| 7 | Support for attending meetings and/or travel                                 | _X_ None |
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|   | group, paid or unpaid                                                        |        |
| 11| Stock or stock options                                                       | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | _X_ None |
|   | services                                                                     |        |
| 13| Other financial or non-financial interests                                   | _X_ None |

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