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)  
Xu

2. Surname (Last Name)  
Meng

3. Date  
01-February-2021

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Linping Wang; Xianliang Zhou

5. Manuscript Title  
Mid-aortic syndrome is associated with increased left ventricular mass index in Takayasu arteritis

6. Manuscript Identifying Number (if you know it)  
ATM-20-7508

Section 2. The Work Under Consideration for Publication

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

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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?  
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Dr. Meng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Lin

2. Surname (Last Name)  
   Zhao

3. Date  
   01-February-2021

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Linping Wang; Xianliang Zhou

5. Manuscript Title  
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## Section 1. Identifying Information

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

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

3. **Date**
   - 01-February-2021

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Mid-aortic syndrome is associated with increased left ventricular mass index in Takayasu arteritis

6. **Manuscript Identifying Number (if you know it)**
   - ATM-20-7508

## 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? No

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Dong
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Section 1. Identifying Information

1. Given Name (First Name) Xiongjing
2. Surname (Last Name) Jiang
3. Date 01-February-2021
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Linping Wang; Xianliang Zhou
5. Manuscript Title
   Mid-aortic syndrome is associated with increased left ventricular mass index in Takayasu arteritis
6. Manuscript Identifying Number (if you know it)
   ATM-20-7508

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Dr. Jiang has nothing to disclose.

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   Jun  

2. Surname (Last Name)  
   Cai  

3. Date  
   01-February-2021

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

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   Linping Wang; Xianliang Zhou

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Dr. Cai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)              2. Surname (Last Name)              3. Date
Huimin                                  Zhang                                  01-February-2021

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

Corresponding Author's Name
Linping Wang; Xianliang Zhou

5. Manuscript Title
Mid-aortic syndrome is associated with increased left ventricular mass index in Takayasu arteritis

6. Manuscript Identifying Number (if you know it)
ATM-20-7508

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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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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Section 6. Disclosure Statement

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Dr. Zhang has nothing to disclose.

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### Section 1. Identifying Information

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

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

3. **Date**
   - 01-February-2021

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

   **Corresponding Author’s Name**
   - Linping Wang; Xianliang Zhou

5. **Manuscript Title**
   - Mid-aortic syndrome is associated with increased left ventricular mass index in Takayasu arteritis

6. **Manuscript Identifying Number (if you know it)**
   - ATM-20-7508

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Are there any relevant conflicts of interest?  ✔ Yes No

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Section 1. Identifying Information

1. Given Name (First Name)  Haiying
2. Surname (Last Name)  Wu
3. Date  01-February-2021
4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name
Linping Wang; Xianliang Zhou

5. Manuscript Title
Mid-aortic syndrome is associated with increased left ventricular mass index in Takayasu arteritis

6. Manuscript Identifying Number (if you know it)
ATM-20-7508

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**Section 1. Identifying Information**

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|-----------------------------|------------------------|---------|
| Ying                       | Lou                    | 01-February-2021 |

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

| Corresponding Author's Name |
|-----------------------------|
| Linping Wang; Xianliang Zhou |

5. Manuscript Title
Mid-aortic syndrome is associated with increased left ventricular mass index in Takayasu arteritis

6. Manuscript Identifying Number (if you know it)
ATM-20-7508

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Linping

2. Surname (Last Name)  
   Wang

3. Date  
   01-February-2021

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Mid-aortic syndrome is associated with increased left ventricular mass index in Takayasu arteritis

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Section 1. Identifying Information

1. Given Name (First Name) Xianliang
2. Surname (Last Name) Zhou
3. Date 01-February-2021
4. Are you the corresponding author? ✔ Yes   No
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Section 6. Disclosure Statement

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Dr. Zhou has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.