ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Ming-Hui

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

3. **Date**
   - 14-December-2020

4. **Are you the corresponding author?**
   - Yes [ ]
   - No [x]
   - **Corresponding Author’s Name**
   - Chong-Lei Ren

5. **Manuscript Title**
   - Surgical treatment of congenital left ventricular diverticulum

6. **Manuscript Identifying Number (if you know it)**
   - JTD-20-3510

### 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  [x] No

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Dr. Yao has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Rong

2. Surname (Last Name)  
Wang

3. Date  
14-December-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Chong-Lei Ren

5. Manuscript Title  
Surgical treatment of congenital left ventricular diverticulum

6. Manuscript Identifying Number (if you know it)  
JTD-20-3510

Section 2. The Work Under Consideration for Publication

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Weihua

2. Surname (Last Name)  
   Ye

3. Date  
   14-December-2020

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

   Corresponding Author’s Name  
   Chong-Lei Ren

5. Manuscript Title  
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1. Given Name (First Name)  
   Chong-Lei

2. Surname (Last Name)  
   Ren

3. Date  
   14-December-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

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