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.

1. **Identifying information.**

2. **The work under consideration for publication.**
   
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4. **Intellectual Property.**

5. **Relationships not covered above.**
   
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**Royalties:** Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Su-Wei

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

3. **Date**
   - 15-September-2020

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

   - No

   ✔

Corresponding Author’s Name
- Jun-Ming Zhu

5. **Manuscript Title**
- One-Stage Hybrid Procedure for Distal Aortic Arch Disease: Long-term Experience at a Single Center

6. **Manuscript Identifying Number (if you know it)**
- JTD-20-2338-R1

## 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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- 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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Dr. Chen 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)**
   - Yong-Liang

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

3. **Date**
   - 15-September-2020

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

   **Corresponding Author’s Name**
   - Jun-Ming Zhu

5. **Manuscript Title**
   - One-Stage Hybrid Procedure for Distal Aortic Arch Disease: Long-term Experience at a Single Center

6. **Manuscript Identifying Number (if you know it)**
   - JTD-20-2338-R1

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. Zhong 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) Zhi-Yu
2. Surname (Last Name) Qiao
3. Date 15-September-2020
4. Are you the corresponding author? □ Yes  ✔ No

Corresponding Author's Name
Jun-Ming Zhu

5. Manuscript Title
One-Stage Hybrid Procedure for Distal Aortic Arch Disease: Long-term Experience at a Single Center

6. Manuscript Identifying Number (if you know it)
JTD-20-2338-R1

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Qiao 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)**
   - Cheng-Nan

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

3. **Date**
   - 15-September-2020

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

---

**Corresponding Author's Name**

- Jun-Ming Zhu

**Manuscript Title**

- One-Stage Hybrid Procedure for Distal Aortic Arch Disease: Long-term Experience at a Single Center

**Manuscript Identifying Number (if you know it)**

- JTD-20-2338-R1

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- **Yes**
- **No**

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- **No**
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Dr. Li has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Yi-Peng |
|---------------------------|---------|
| 2. Surname (Last Name)    | Ge      |
| 3. Date                   | 15-September-2020 |
| 4. Are you the corresponding author? | Yes | No |
| Corresponding Author's Name | Jun-Ming Zhu |

| 5. Manuscript Title |
|---------------------|
| One-Stage Hybrid Procedure for Distal Aortic Arch Disease: Long-term Experience at a Single Center |

| 6. Manuscript Identifying Number (if you know it) |
|--------------------------------------------------|
| JTD-20-2338-R1 |

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Dr. Ge 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) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Rui-Dong                  | Qi                     | 15-September-2020 |

4. Are you the corresponding author? Yes

Corresponding Author's Name

Jun-Ming Zhu

5. Manuscript Title

One-Stage Hybrid Procedure for Distal Aortic Arch Disease: Long-term Experience at a Single Center

6. Manuscript Identifying Number (if you know it)

JTD-20-2338-R1

## Section 2. The Work Under Consideration for Publication

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Dr. Qi 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)  Hai-Ou
2. Surname (Last Name)  Hu
3. Date  15-September-2020
4. Are you the corresponding author?  Yes ☐  No ☑
Corresponding Author's Name  Jun-Ming Zhu

5. Manuscript Title
One-Stage Hybrid Procedure for Distal Aortic Arch Disease: Long-term Experience at a Single Center

6. Manuscript Identifying Number (if you know it)
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Dr. Hu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Li-Zhong

2. Surname (Last Name)  
   Sun

3. Date  
   15-September-2020

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

Corresponding Author's Name

   Jun-Ming Zhu

5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jun-Ming

2. Surname (Last Name)  
   Zhu

3. Date  
   15-September-2020

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

5. Manuscript Title  
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