**ICMJE DISCLOSURE FORM**

Date: ___April.19th.2021______________________________

Your Name: Bingqing Deng

Manuscript Title: 3D transesophageal echocardiography assists in evaluating the morphology, function, and presence of thrombi of left atrial appendage in patients with atrial fibrillation

Manuscript number (if known): __________________________________________________________________________

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the **current manuscript only**.

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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.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** |                                                                                   |                                                                                   |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None                                                                                   |
|   | No time limit for this item.                                                                   |                                                                                   |
| **Time frame: past 36 months** |                                                                                   |                                                                                   |
| 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                                                                                   |
|   |                                                                 |   |   |
|---|------------------------------------------------------------------|---|---|
|5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
|6  | Payment for expert testimony | X | None |
|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 of conflict of interest in this research group.

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: ___ April 19th, 2021

Your Name: Ruqiong Nie

Manuscript Title: 3D transesophageal echocardiography assists in evaluating the morphology, function, and presence of thrombi of left atrial appendage in patients with atrial fibrillation

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| 1 | __ X __ None |

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|---|----------------------------------------------------------------------------------|
| 2 | __ X__ None |

**Time frame: past 36 months**

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|----------------------------------------------------------------------------------|
| 3 | __ X__ None |

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 4 | __ X__ None |
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Date: ___April.19th.2021______________________________

Your Name: Qiong Qiu

Manuscript Title: 3D transesophageal echocardiography assists in evaluating the morphology, function, and presence of thrombi of left atrial appendage in patients with atrial fibrillation

Manuscript number (if known): ________________________________________________________________

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   No time limit for this item. | X None  
   No time limit for this item. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None  
   Past 36 months |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
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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** |

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Date: ___April 19th, 2021__________________________
Your Name: Yulin Wei

__Manuscript Title:__ 3D transesophageal echocardiography assists in evaluating the morphology, function, and presence of thrombi of left atrial appendage in patients with atrial fibrillation

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| 4 | Consulting fees                                                                                 | __ X __None                                                                     |
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Date: ___April.19th.2021_ ________________________________________________________________
Your Name: Yingmei Liu _________________________________________________________________

-Manuscript Title: __3D transesophageal echocardiography assists in evaluating the morphology, function, and presence of thrombi of left atrial appendage in patients with atrial fibrillation _________________________________________________________________

Manuscript number (if known): ___________________________________________________________

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| 4 | Consulting fees                                                                                                                        | __ X ___None |
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Date: ___April.19th.2021__________________________

Your Name: Hanlu Lv _________________________________________________________________________

_Manuscript Title:_ 3D transesophageal echocardiography assists in evaluating the morphology, function, and presence of thrombi of left atrial appendage in patients with atrial fibrillation

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Manuscript number (if known): __________________________________________________________________

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Date: ___April.19th.2021___

Your Name: Shaoxin Zheng

_ _Manuscript Title:__ 3D transesophageal echocardiography assists in evaluating the morphology, function, and presence of thrombi of left atrial appendage in patients with atrial fibrillation

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|   | Description                                                                 | X | None |
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ICMJE DISCLOSURE FORM

Date: ___April.19th.2021_______________________________
Your Name: Jingfeng Wang________________________________________

Manuscript Title: ___3D transesophageal echocardiography assists in evaluating the morphology, function, and presence of thrombi of left atrial appendage in patients with atrial fibrillation

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