ICMJE DISCLOSURE FORM

**Date:** 2021-06-17  
**Your Name:** Yu Zhu  
**Manuscript Title:** Long-term outcomes after aortic root replacement for patients with Marfan syndrome  
**Manuscript number (if known):** JTD-21-577-R2

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**No time limit for this item.** | ____None |
| **Time frame: past 36 months** | | |
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|     | Description                                                                 | Response |
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| 9   | Participation on a Data Safety Monitoring Board or Advisory Board             | None     |
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| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None     |
| 13  | Other financial or non-financial interests                                    | None     |

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

**Dr. Yu Zhu has no conflict of interest to disclose.**

Please place an “X” next to the following statement to indicate your agreement:

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Date: 2021-06-17  
Your Name: Zhao Jian  
Manuscript Title: Long-term outcomes after aortic root replacement for patients with Marfan syndrome  
Manuscript number (if known): JTD-21-577-R2

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| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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Date: 2021-06-17
Your Name: Ruiyan Ma
Manuscript Title: Long-term outcomes after aortic root replacement for patients with Marfan syndrome
Manuscript number (if known): JTD-21-577-R2

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Date: 2021-06-17
Your Name: Yong Wang
Manuscript Title: Long-term outcomes after aortic root replacement for patients with Marfan syndrome
Manuscript number (if known): JTD-21-577-R2

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| 6  | Payment for expert testimony                                                                   | None         |
| 7  | Support for attending meetings and/or travel                                                    | None         |
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| 11 | Stock or stock options                                                                         | None         |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                | None         |
| 13 | Other financial or non-financial interests                                                      | None         |

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Dr. Yong Wang has no conflict of interest to disclose.

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Dr. Yingbin Xiao has no conflict of interest to disclose.

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