ICMJE DISCLOSURE FORM

Date: ______ May 17th, 2022

Your Name: Wenhui Zeng

Manuscript Title: Losartan attenuates upstream vasculopathy in a modified piglet model of pulmonary vein stenosis: contribution of Hippo pathway

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.

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __×__.None                                                                 |
|   | **No time limit for this item.**                                                                 |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | __×__.None                                                                     |
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Date:______May 17th, 2022______________________________________________________________
Your Name:_______Siming Liu___________________________________________________________
Manuscript Title:__Losartan attenuates upstream vasculopathy in a modified piglet model of pulmonary vein stenosis: contribution of Hippo pathway__
Manuscript number (if known):__________________________________________________________________

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| 3 | Royalties or licenses | _×_None |
| 4 | Consulting fees | _×_None |
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Date: May 17th, 2022
Your Name: Zhen Xu

Manuscript Title: Losartan attenuates upstream vasculopathy in a modified piglet model of pulmonary vein stenosis: contribution of Hippo pathway

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| 3 | Royalties or licenses | × | None |
| 4 | Consulting fees | × | None |
| 5 | | × | None |
|   |                                                                                                           |
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| 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                                               |

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Date:______May 17th, 2022______________________________________________________________

Your Name: _______Fangbao Ding ____________________________________________________

Manuscript Title: __Losartan attenuates upstream vasculopathy in a modified piglet model of pulmonary vein stenosis: contribution of Hippo pathway __

Manuscript number (if known): ___________________________________________________________________

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| 3 | Royalties or licenses | __×__None |
| 4 | Consulting fees | __×__None |
| 5 | | __×__None |
|   |   |
|---|---|
| **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** |   |
| **Payment for expert testimony** | __×__ None |
| **Support for attending meetings and/or travel** | __×__ None |
| **Patents planned, issued or pending** | __×__ None |
| **Participation on a Data Safety Monitoring Board or Advisory Board** | __×__ None |
| **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | __×__ None |
| **Stock or stock options** | __×__ None |
| **Receipt of equipment, materials, drugs, medical writing, gifts or other services** | __×__ None |
| **Other financial or non-financial interests** | __×__ None |

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Date: ______ May 17th, 2022__________________________
Your Name: ______ Ju Mei ____________________________
Manuscript Title: ______ Losartan attenuates upstream vasculopathy in a modified piglet model of pulmonary vein stenosis: contribution of Hippo pathway ______
Manuscript number (if known): ________________________________________________________________________________

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**Time frame: Since the initial planning of the work**

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                  | ×None                                                                 |
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| 4 | Consulting fees                                                                              | ×None                                                                 |
| 5 |                                                                                               | ×None                                                                 |

**Time frame: past 36 months**
| 1. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |
|---|
| **6** | Payment for expert testimony | _×_ None |
| **7** | Support for attending meetings and/or travel | _×_ None |
| **8** | Patents planned, issued or pending | _×_ None |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | _×_ None |
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| **11** | Stock or stock options | _×_ None |
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Date:______May 17th, 2022__________________________________________________________
Your Name: _______Jiaquan Zhu_____________________________________________________
Manuscript Title: __ Losartan attenuates upstream vasculopathy in a modified piglet model of pulmonary vein stenosis: contribution of Hippo pathway __
Manuscript number (if known): ___________________________________________________________________

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | This work was supported by the National Natural Science Foundation of China (Grant No. 81600219). |
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| 3 | Royalties or licenses | ×__None |
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| 6   | Payment for expert testimony                                                        | None      |
| 7   | Support for attending meetings and/or travel                                        | None      |
| 8   | Patents planned, issued or pending                                                  | None      |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board                   | 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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