Date: _____Oct. 3th, 2021_____  
Your Name: __Hao Zhou__  
Manuscript Title: _____ Changes in aortic collagen in β-aminopropionitrile-induced acute aortic dissection Manuscript number (if known): _____ATM-21-4933

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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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.)  
No time limit for this item. | __X__None                                                                         |                                                                                  |
| **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                                                                         |                                                                                  |
|   | Conflict of Interest Description                                                                 | 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.

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.
ICMJE DISCLOSURE FORM

Date: ___ Oct. 3 th , 2021 ___
Your Name: ___Yan Ren___
Manuscript Title: _____ Changes in aortic collagen in β-aminopropionitrile-induced acute aortic
dissection Manuscript number (if known): ___ATM-21-4933___

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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **_X_** None | Time frame: Since the initial planning of the work |
|2  | Grants or contracts from any entity (if not indicated in item #1 above). | **_X_** None | Time frame: past 36 months |
|3  | Royalties or licenses | **_X_** None |
|4  | Consulting fees | **_X_** None |
|   | Description                                                                 | 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 |

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None.

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_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ___ Oct. 3th , 2021 ___
Your Name: ___ Jun Xiao ___
Manuscript Title: ______ Changes in aortic collagen in β-aminopropionitrile-induced acute aortic dissection Manuscript number (if known): ___ ATM-21-4933

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.) No time limit for this item. | X None |
| **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 |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|---|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   |      |
| 6 | Payment for expert testimony                                               |   |      |
| 7 | Support for attending meetings and/or travel                               |   |      |
| 8 | Patents planned, issued or pending                                         |   |      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           |   |      |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |   |      |
| 11| Stock or stock options                                                     |   |      |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services |   |      |
| 13| Other financial or non-financial interests                                  |   |      |

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ICMJE DISCLOSURE FORM

Date: ___Oct. 3th, 2021___  
Your Name: ___ Jian He ___  
Manuscript Title: _____ Changes in aortic collagen in β-aminopropionitrile-induced acute aortic dissection  
Manuscript number (if known): ____ ATM-21-4933

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.) No time limit for this item. | __X__None |
| 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 |

| 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  | _X_ None |
|   | lectures, presentations,  |     |
|   | speakers bureaus,         |     |
|   | manuscript writing or     |     |
|   | educational events        |     |
|6  | Payment for expert        | _X_ None |
|   | testimony                 |     |
|7  | Support for attending     | _X_ None |
|   | meetings and/or travel    |     |
|8  | Patents planned, issued   | _X_ None |
|   | or pending                |     |
|9  | Participation on a Data   | _X_ None |
|   | Safety Monitoring Board or|     |
|   | Advisory Board            |     |
|10 | Leadership or fiduciary   | _X_ None |
|   | role in other board,      |     |
|   | society, committee or    |     |
|   | advocacy group, paid or   |     |
|   | unpaid                    |     |
|11 | Stock or stock options    | _X_ None |
|12 | Receipt of equipment,     | _X_ None |
|   | materials, drugs,         |     |
|   | medical writing, gifts or |     |
|   | other services            |     |
|13 | Other financial or non-   | _X_ None |
|   | financial interests       |     |

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

None.

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: _____ Oct. 3th, 2021 _____
Your Name: ___ Yuling Zhang ___
Manuscript Title: _____ Changes in aortic collagen in β-aminopropionitrile-induced acute aortic dissection _____ Manuscript number (if known): ____ ATM-21-4933

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

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.
Date: ___ Oct. 3th, 2021 ___  
Your Name: ___ Zhihuang Qiu ___  
Manuscript Title: _____ Changes in aortic collagen in β-aminopropionitrile-induced acute aortic dissection Manuscript number (if known): _____ ATM-21-4933

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| 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                                                                         |

Date: _____ Oct. 3th, 2021 ___  
Your Name: ___ Zhihuang Qiu ___  
Manuscript Title: _____ Changes in aortic collagen in β-aminopropionitrile-induced acute aortic dissection Manuscript number (if known): _____ ATM-21-4933
|   | Description                                                                 | 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 |

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None.

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Date: ____Oct. 3th, 2021____
Your Name: ____Qiuyu Huang____
Manuscript Title: ____Changes in aortic collagen in β-aminopropionitrile-induced acute aortic dissection____
Manuscript number (if known): ____ATM-21-4933____

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|   | **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                                                                          |

Date: _____Oct. 3th, 2021____
Your Name: ___Qiuyu Huang___
Manuscript Title: ____Changes in aortic collagen in β-aminopropionitrile-induced acute aortic dissection____
Manuscript number (if known): ____ATM-21-4933____
|   | Description                                                                 | _X_ None |
|---|----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |          |
| 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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|   | **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                                                                            |

Date: _____Oct. 3th, 2021____
Your Name: ___ Yunnan Hu ___
Manuscript Title: _____ Changes in aortic collagen in β-aminopropionitrile-induced acute aortic dissection Manuscript number (if known): ____ ATM-21-4933
|   | Description                                                                 | _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 |
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|   | **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                                                                  |
|   | Description                                                                 | 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 |
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| 11| Stock or stock options                                                      | X | None |
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