ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Zhongming

2. Surname (Last Name)  
   Cao

3. Date  
   30-June-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Gang Xu, Sheng Wang

5. Manuscript Title  
   Revising ventricular septal defect residual shunts without aortic re-cross-clamping: a safe and effective surgical procedure

6. Manuscript Identifying Number (if you know it)  
   ATM-20-5041-MS-4310

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Are there any relevant conflicts of interest?  
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Dr. Cao has nothing to disclose.

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## Identifying Information

| 1. Given Name (First Name) | Yunfei |
|----------------------------|--------|
| 2. Surname (Last Name)    | Chai   |
| 3. Date                   | 30-June-2020 |

4. Are you the corresponding author? [ ] Yes [ ] No

- Corresponding Author's Name
  - Gang Xu, Sheng Wang

5. Manuscript Title
   - Revising ventricular septal defect residual shunts without aortic re-cross-clamping: a safe and effective surgical procedure

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Dr. Chai has nothing to disclose.

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### Identifying Information

1. Given Name (First Name)  
   Jian  
2. Surname (Last Name)  
   Liu  
3. Date  
   30-June-2020  
4. Are you the corresponding author?  
   Yes [ ]  No [X]  
   Corresponding Author’s Name  
   Gang Xu, Sheng Wang  
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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Shiguo
2. Surname (Last Name)  Liu
3. Date  30-June-2020

4. Are you the corresponding author?  ✔ No

Corresponding Author’s Name
Gang Xu, Sheng Wang

5. Manuscript Title
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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jiexian

2. Surname (Last Name)  
   Liang

3. Date  
   30-June-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
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Dr. Liang has nothing to disclose.

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   Jiexian

2. Surname (Last Name)  
   Liang

3. Date  
   30-June-2020

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      Corresponding Author’s Name  
      Gang Xu, Sheng Wang

5. Manuscript Title  
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| 1. Given Name (First Name) | Jian |
|---------------------------|------|
| 2. Surname (Last Name)   | Zhuang |
| 3. Date                  | 30-June-2020 |

4. Are you the corresponding author?  

- [ ] Yes  
- [x] No  

**Corresponding Author's Name**  
Gang Xu, Sheng Wang

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- [ ] Yes  
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Are there any relevant conflicts of interest?  

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1. Given Name (First Name)  
   Sheng

2. Surname (Last Name)  
   Wang

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   No

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   Xu

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   No

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