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) | 2. Surname (Last Name) | 3. Date |
|-----------------------------|------------------------|---------|
| Huan                        | Liu                    | 20-July-2020 |

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
   Pulmonary valve replacement in primary repair of tetralogy of Fallot in adult patients

6. Manuscript Identifying Number (if you know it)  
   JTD-20-1475-R1

## Section 2. The Work Under Consideration for Publication

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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Shun

2. Surname (Last Name)  
   Liu

3. Date  
   20-July-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No

Corresponding Author’s Name  
   Chunsheng Wang

5. Manuscript Title  
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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Anthony                   | Zaki                   | 20-July-2020 |

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author's Name: Chunsheng Wang

5. Manuscript Title  
Pulmonary valve replacement in primary repair of tetralogy of Fallot in adult patients

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### Section 2. The Work Under Consideration for Publication

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Dr. Zaki has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Xiuwen

2. Surname (Last Name)  
   Wang

3. Date  
   20-July-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

   Corresponding Author’s Name  
   Chunsheng Wang

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Xiuwen Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Kai

2. Surname (Last Name)  
Zhu

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20-July-2020

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☐ Yes  ✔ No

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Chunsheng Wang

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Dr. Zhu has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Yuntao

2. Surname (Last Name)  
   Lu

3. Date  
   20-July-2020

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

Corresponding Author’s Name  
Chunsheng Wang

5. Manuscript Title  
Pulmonary valve replacement in primary repair of tetralogy of Fallot in adult patients

6. Manuscript Identifying Number (if you know it)  
JTD-20-1475-R1

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[ ] Yes  [✓] No

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[ ] Yes  [✓] No

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ye

2. Surname (Last Name)  
   Yang

3. Date  
   20-July-2020

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Pulmonary valve replacement in primary repair of tetralogy of Fallot in adult patients

6. Manuscript Identifying Number (if you know it)  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Rafi

2. Surname (Last Name)  
   Hamidi

3. Date  
   20-July-2020

4. Are you the corresponding author?  
   No

   ☑ Yes

   Corresponding Author’s Name  
   Chunsheng Wang

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lai
2. Surname (Last Name) Wei
3. Date 20-July-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Chunsheng Wang
5. Manuscript Title Pulmonary valve replacement in primary repair of tetralogy of Fallot in adult patients
6. Manuscript Identifying Number (if you know it) JTD-20-1475-R1

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## Section 1. Identifying Information

1. Given Name (First Name)  
Chunsheng

2. Surname (Last Name)  
Wang

3. Date  
20-July-2020

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
JTD-20-1475-R1

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