

## ICMJE DISCLOSURE FORM

Date:                     MAY. 30<sup>th</sup>, 2024                    

Your Name:                     Lishan Zhang                    

Manuscript Title:                     Recurrent Mitral Regurgitation after Repair of Barlow’s Disease in a Single-center Retrospective Cohort Study                    

Manuscript number (if known):                     QIMS-23-1768-R2                    

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the **current manuscript only**.

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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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | __X__ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | __X__ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | __X__ None   |   |
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| 4   | Consulting fees  | __X__ None   |   |
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|----|--|--|--|
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> 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:**

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:                     MAY. 30<sup>th</sup>, 2024                      
 Your Name:                     Yanying Huang                      
 Manuscript Title:           Recurrent Mitral Regurgitation after Repair of Barlow’ s Disease in a Single-center Retrospective Cohort Study                      
 Manuscript number (if known):                     QIMS-23-1768-R2                    

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## ICMJE DISCLOSURE FORM

Date: MAY. 30<sup>th</sup>, 2024

Your Name: Shuo Xiang

Manuscript Title: Recurrent Mitral Regurgitation after Repair of Barlow's Disease in a Single-center Retrospective Cohort Study

Manuscript number (if known): QIMS-23-1768-R2

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## ICMJE DISCLOSURE FORM

Date: MAY. 30<sup>th</sup>, 2024  
 Your Name: Zhenzhong Wang  
 Manuscript Title: Recurrent Mitral Regurgitation after Repair of Barlow's Disease in a Single-center Retrospective Cohort Study  
 Manuscript number (if known): QIMS-23-1768-R2

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## ICMJE DISCLOSURE FORM

Date: MAY. 30<sup>th</sup>, 2024

Your Name: Yuxin Li

Manuscript Title: Recurrent Mitral Regurgitation after Repair of Barlow's Disease in a Single-center Retrospective Cohort Study

Manuscript number (if known): QIMS-23-1768-R2

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## ICMJE DISCLOSURE FORM

Date: MAY. 30<sup>th</sup>, 2024

Your Name: Jingfei ZHAO

Manuscript Title: Recurrent Mitral Regurgitation after Repair of Barlow's Disease in a Single-center Retrospective Cohort Study

Manuscript number (if known): QIMS-23-1768-R2

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## ICMJE DISCLOSURE FORM

Date: MAY. 30<sup>th</sup>, 2024  
 Your Name: Dou Fang  
 Manuscript Title: Recurrent Mitral Regurgitation after Repair of Barlow's Disease in a Single-center Retrospective Cohort Study  
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Date: MAY. 30<sup>th</sup>, 2024  
 Your Name: Qing Wang  
 Manuscript Title: Recurrent Mitral Regurgitation after Repair of Barlow's Disease in a Single-center Retrospective Cohort Study  
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## ICMJE DISCLOSURE FORM

Date: MAY. 30<sup>th</sup>, 2024  
 Your Name: Zhaolong Zhang  
 Manuscript Title: Recurrent Mitral Regurgitation after Repair of Barlow's Disease in a Single-center Retrospective Cohort Study  
 Manuscript number (if known): QIMS-23-1768-R2

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| <b>Time frame: past 36 months</b>                         |  |  |   |
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None.

**Please place an "X" next to the following statement to indicate your agreement:**

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: MAY. 30<sup>th</sup>, 2024  
 Your Name: *Shanlei Huang*  
 Manuscript Title: Recurrent Mitral Regurgitation after Repair of Barlow's Disease in a Single-center Retrospective Cohort Study  
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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | This study was supported by the National Natural Science Foundation of China (No. 82270373), Department of Science and Technology of Guangdong Province (No. 2020B1111170011), Guangdong Basic and Applied Basic Research Foundation (No. 2019B1515120071), and High-level Hospital Construction Project of Guangdong Provincial People's Hospital (No. 2023P-GX08). |   |
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