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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
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<td>Huimin</td>
<td>Cui</td>
<td>24-June-2020</td>
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4. Are you the corresponding author? □ Yes  ✔ No

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<td>Shengli Jiang</td>
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Dr. Cui has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lin
2. Surname (Last Name) Zhang
3. Date 24-June-2020

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

Corresponding Author's Name
Shengli Jiang

5. Manuscript Title
Early Clinical Outcomes of Thoracoscopic Mitral Valvuloplasty: a Clinical Experience of 100 Consecutive Cases

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1. Given Name (First Name) Shixiong
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Shengli

2. Surname (Last Name)  
   Jiang

3. Date  
   24-June-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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