ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Hayashi
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Hidenori

2. Surname (Last Name)  
   Hayashi

3. Date  
   15-November-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Coarctation of the Aorta with Total Anomalous Pulmonary Venous Connection: A Case Report

6. Manuscript Identifying Number (if you know it)  
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   No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Hayashi has nothing to disclose.

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<tr>
<td>1. Given Name (First Name)</td>
<td>Koichi</td>
</tr>
<tr>
<td>2. Surname (Last Name)</td>
<td>Sughimoto</td>
</tr>
<tr>
<td>3. Date</td>
<td>15-November-2020</td>
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<tr>
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</tbody>
</table>

**Corresponding Author's Name**

Hidenori Hayashi

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Dr. Sughimoto has nothing to disclose.

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1. Given Name (First Name)  
   Norihiko

2. Surname (Last Name)  
   Oka

3. Date  
   15-November-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Hidenori Hayashi

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Yuta

2. Surname (Last Name)  
Tsuchida

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15-November-2020

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☑ No  
Corresponding Author’s Name  
Hidenori Hayashi

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Kagami

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Miyaji

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Dr. Miyaji has nothing to disclose.

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