

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Gosta B

2. Surname (Last Name)  
Petterson

3. Date  
20-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The validity of infrared coagulator, and bioglue with antibiotics to assist surgical treatment of Infective Endocarditis?

6. Manuscript Identifying Number (if you know it)  
JTD-2020-17

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Dr. Pettersson 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) Shinya	2. Surname (Last Name) Unai	3. Date 23-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gosta Pettersson
5. Manuscript Title The validity of infrared coagulator, and bioglue with antibiotics to assist surgical treatment of Infective Endocarditis?		
6. Manuscript Identifying Number (if you know it) JTD-2020-17		

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Dr. Unai has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

STEVEN

2. Surname (Last Name)

GROWN

3. Date

MAY 18 2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

JTD 2020-17

6. Manuscript Identifying Number (if you know it)

QUALITY OF ENLIGHTENED CONSCIOUSNESS AND BIOGENE WITH MENTALITY

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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1. Given Name (First Name) Syed	2. Surname (Last Name) Hussain	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gosta B. Pettersson
5. Manuscript Title The validity of infrared coagulator, and bioglue with antibiotics to assist surgical treatment of Infective Endocarditis?		
6. Manuscript Identifying Number (if you know it) JTD-2020-17		

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1. Given Name (First Name) Elof	2. Surname (Last Name) Eriksson	3. Date 22-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Gosta Pettersson
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