

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)

Johannes

2. Surname (Last Name)

Bonatti

3. Date

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Minimally invasive and robotic coronary artery bypass grafting - a 25 year review

6. Manuscript Identifying Number (if you know it)

JTD-2020-MICS-04(JTD-20-1535)

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Dr. Bonatti 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) Stafanie	2. Surname (Last Name) Wallner	3. Date 31-March-1988
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Johannes Bonatti
5. Manuscript Title Minimally Invasive And Robotic Coronary Artery Bypass Grafting		
6. Manuscript Identifying Number (if you know it) JTD-2020-MICS_04(JTD-20-1535)		

Section 2. The Work Under Consideration for Publication

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Dr. Wallner has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)
Ingo

2. Surname (Last Name)
Crailsheim

3. Date
29-June-1991

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Johannes Bonatti

5. Manuscript Title
Minimally invasive and robotic coronary artery bypass grafting - a 25 year review

6. Manuscript Identifying Number (if you know it)
JTD-2020-MICS-04(JTD-20-1535)

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1. Given Name (First Name)
Martin

2. Surname (Last Name)
Grabenwöger

3. Date
31-July-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Johannes Bonatti

5. Manuscript Title
Minimally Invasive And Robotic Coronary Artery Bypass Grafting

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Dr. Grabenwöger has nothing to disclose.

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Bernhard

2. Surname (Last Name)
Winkler

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31-July-2020

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☐ Yes ☒ No

Corresponding Author's Name
johannes bonatti MD

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