

ICMJE DISCLOSURE FORM

Date: _ 7/18/23

Your Name: _Ricky Patil MD

Manuscript Title: Minimally Invasive Coronary Artery Bypass Grafting: A Literature Review

Manuscript number (if known): ALES-23-21

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.

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		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)
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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: 8/22/2023
 Your Name: Aaron Zuckerman
 Manuscript Title: Minimally Invasive Coronary Artery Bypass Grafting: A Literature Review
 Manuscript number (if known): ALES-23-21

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ICMJE DISCLOSURE FORM

Date: _____ 8/21/2023 _____

Your Name: _____ Alexander Hien Vu _____

Manuscript Title Minimally Invasive Coronary Artery Bypass Grafting: A literature Review

Manuscript number (if known): ALES-23-21 _____

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Not applicable

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

X 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: 08/23/23
 Your Name: Jae In Nha
 Manuscript Title: "Minimally Invasive Coronary Artery Bypass Grafting: A literature Review"
 Manuscript number (if known): ALES-23-21

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None

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X___ 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: 05/15/2023

Your Name: Joohee Son, MD

Manuscript Title: Emergent trauma surgery: the role of laparoscopy, thoracoscopy and robotics

Manuscript number (if known): ALES-23-21

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No COI

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ICMJJE DISCLOSURE FORM

Date: 9/20/23

Your Name: George Ferzli MD

Manuscript Title: Minimally Invasive Coronary Artery Bypass Grafting: A literature Review

Manuscript number (if known): _____

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N/A

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ICMJE DISCLOSURE FORM

Date: 08/30/2023
 Your Name: Mikhail Vaynblat
 Manuscript Title: MINIMALLY INVASIVE CORONARY ARTERY BYPASS grafting: A Literature Review
 Manuscript number (if known): _____

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.

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