Date:
 November 21, 2023

 Your Name:
 Michele Finotti

 Manuscript Title:
 The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after circulatory death procedures through process improvement, broader utilization, and innovation.

 Manuscript number (if known):
 HBSN-23-503

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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	10 Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

Date: November 21, 2023

Your Name: Anji Wall

Manuscript Title: <u>The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after</u> <u>circulatory death procedures through process improvement, broader utilization, and innovation.</u> Manuscript number (if known): <u>HBSN-23-503</u>

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1	All support for the present	None	
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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	,	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
4.2			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

 Date:
 November 21, 2023

 Your Name:
 Anthony D'Alessandro

 Manuscript Title:
 The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after circulatory death procedures through process improvement, broader utilization, and innovation.

 Manuscript number (if known):
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	10 Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

None

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

Date: November 21, 2023

Your Name: <u>Gary Schwartz</u> Manuscript Title: <u>The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after</u> <u>circulatory death procedures through process improvement, broader utilization, and innovation.</u> Manuscript number (if known): <u>HBSN-23-503</u>

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	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	10 Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

 Date:
 November 21, 2023

 Your Name:
 Chris Sonnenday

 Manuscript Title:
 The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after circulatory death procedures through process improvement, broader utilization, and innovation.

 Manuscript number (if known):
 HBSN-23-503

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	10 Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

 Date:
 November 21, 2023

 Your Name:
 David Goldberg

 Manuscript Title:
 The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after circulatory death procedures through process improvement, broader utilization, and innovation.

 Manuscript number (if known):
 HBSN-23-503

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4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	10 Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

Date: November 21, 2023

Your Name: Ashish Shah

Manuscript Title: <u>The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after</u> <u>circulatory death procedures through process improvement, broader utilization, and innovation.</u> Manuscript number (if known): <u>HBSN-23-503</u>

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5	Payment or honoraria for	None	
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	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	, ,	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

Date: November 21, 2023

Your Name: <u>Peter Friend</u> Manuscript Title: <u>The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after</u> <u>circulatory death procedures through process improvement, broader utilization, and innovation.</u> Manuscript number (if known): <u>HBSN-23-503</u>

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3	Royalties or licenses	None	
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	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
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9	Participation on a Data	None	
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	Advisory Board		
10	, ,	None	
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11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

Date: November 21, 2023

Your Name: Jeff Orlowski

Manuscript Title: <u>The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after</u> <u>circulatory death procedures through process improvement, broader utilization, and innovation.</u> Manuscript number (if known): <u>HBSN-23-503</u>

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4	Consulting fees	None	

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6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	, ,	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

Date: November 21, 2023

Your Name: Greg McKenna

Manuscript Title: <u>The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after</u> <u>circulatory death procedures through process improvement, broader utilization, and innovation.</u> Manuscript number (if known): <u>HBSN-23-503</u>

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or		
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10	, ,	None	
	in other board, society,		
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11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

Date: November 21, 2023

Your Name:<u>Steve Newton</u> Manuscript Title: <u>The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after</u> <u>circulatory death procedures through process improvement, broader utilization, and innovation.</u> Manuscript number (if known): <u>HBSN-23-503</u>

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
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12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

NONE

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

Date: November 21, 2023

Your Name: Brad Adams

Manuscript Title: <u>The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after</u> <u>circulatory death procedures through process improvement, broader utilization, and innovation.</u> Manuscript number (if known): <u>HBSN-23-503</u>

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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	, ,	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

NONE

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

 Date:
 November 21, 2023

 Your Name:
 William C. Chapman

 Manuscript Title:
 The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after circulatory death procedures through process improvement, broader utilization, and innovation.

 Manuscript number (if known):
 HBSN-23-503

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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, modical writing article	None	
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	0 Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

Date: November 21, 2023

Your Name: Amit Mathur

Manuscript Title: <u>The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after</u> <u>circulatory death procedures through process improvement, broader utilization, and innovation.</u> Manuscript number (if known): <u>HBSN-23-503</u>

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	0 Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

 Date:
 November 21, 2023

 Your Name:
 Marwan Abouljoud

 Manuscript Title:
 The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after circulatory death procedures through process improvement, broader utilization, and innovation.

 Manuscript number (if known):
 HBSN-23-503

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initial	nlanning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	0 Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

Date: November 21, 2023

Your Name:<u>Tim Pruett</u> Manuscript Title: <u>The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after</u> <u>circulatory death procedures through process improvement, broader utilization, and innovation.</u> Manuscript number (if known): <u>HBSN-23-503</u>

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, modical writing article	None	
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	0 Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

Date: November 21, 2023 Your Name: Amelia Hessheimer

Manuscript Title: <u>The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after</u> <u>circulatory death procedures through process improvement, broader utilization, and innovation.</u> Manuscript number (if known): <u>HBSN-23-503</u>

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	0 Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

 Date:
 November 21, 2023

 Your Name:
 James F. Trotter

 Manuscript Title:
 The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after circulatory death procedures through process improvement, broader utilization, and innovation.

 Manuscript number (if known):
 HBSN-23-503

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	0 Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
1	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

none

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

 Date:
 November 21, 2023

 Your Name:
 Sumeet K. Asrani

 Manuscript Title:
 The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after

 circulatory death procedures through process improvement, broader utilization, and innovation.

 Manuscript number (if known):
 HBSN-23-503

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	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			
4	Consulting fees	None			

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests	None	

none

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

 Date:
 November 21, 2023

 Your Name:
 Giuliano Testa

 Manuscript Title:
 The Dallas Donation after Circulatory Death Transplantation Summit: Expanding donation after circulatory death procedures through process improvement, broader utilization, and innovation.

 Manuscript number (if known):
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	None			
4	Consulting fees	None			

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of equipment	Neze	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

none

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