

ICMJE DISCLOSURE FORM

Date: 3/21/2021
 Your Name: Ali Khoynzhad
 Manuscript Title: A narrative review of hybrid ablation for persistent and longstanding persistent atrial fibrillation
 Manuscript number (if known): _____

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

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Date: 3/21/2021
Your Name: NIKHIL WALKER
Manuscript Title: A narrative review of hybrid ablation for persistent and longstanding persistent atrial fibrillation
Manuscript number (if known): _____

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- 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 None
meetings and/or travel

8 Patents planned, issued or None
pending

9 Participation on a Data None
Safety Monitoring Board
or Advisory Board

10 Leadership or fiduciary None
role in other board,
society, 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- None
financial interests

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Date: 3/21/2021
 Your Name: Tiffany Worthington
 Manuscript Title: A narrative review of hybrid ablation for persistent and longstanding persistent atrial fibrillation
 Manuscript number (if known): _____

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6	Payment for expert testimony	___ None	
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Date: 3/21/2021
 Your Name: Adrian Shandling
 Manuscript Title: A narrative review of hybrid ablation for persistent and longstanding persistent atrial fibrillation
 Manuscript number (if known): _____

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3	Royalties or licenses	__x__ None	
4	Consulting fees	__x__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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