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

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None None 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
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
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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No relevant disclosures for this author

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.

Date:	3/21/2021_		
Your Name:	NIKHIL	WALKE	
Manuscript Title:	A narrative rev	view of hybrid abla	ation for persistent and longstanding persistent atrial
fibrillation			
Manuscript numbe	r (if known):		

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3	Royalties or licenses	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 \_\_\_\_\_None \_\_\_\_\_None
- 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

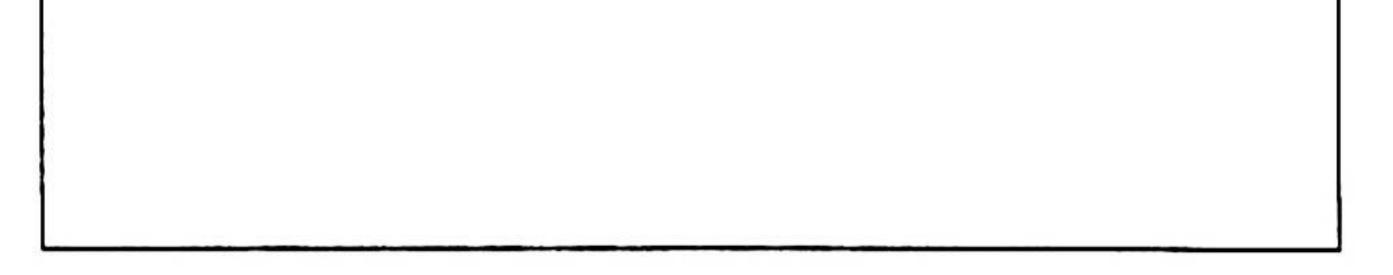
11 Stock or stock options \_\_\_\_\_None

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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2

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

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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 Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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:	Adrian Shandling	
Manuscript Title:	_A narrative review	of hybrid ablation for persistent and longstanding persistent atrial fibrillation
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	xNonex_None
7	Support for attending meetings and/or travel	x_None
8	Patents planned, issued or pending	x_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone
11	Stock or stock options	x_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None
13	Other financial or non- financial interests	x_None

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