

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

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Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

Zilla 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Peter		2. Surname (Last Zilla	Name)	3. Date 18-March-2020	
4. Are you the corresponding author?		✓ Yes N	lo		
•	5. Manuscript Title A glimpse of hope: cardiac surgery in low- and middle-income countries (LMICs)				
6. Manuscript Identifying Number (if you know it) CDT-19-449					
	ı				
Section 2.	The Work Under Co	onsideration fo	r Publication		
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to		nment, commercial, private foundation, etc.) for d, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outsi	de the submitted work	•	
of compensation clicking the "Add) with entities as descri	bed in the instructionships	tions. Use one line for each	nancial relationships (regardless of amount the entity; add as many lines as you need by the 36 months prior to publication.	
Section 4.	los de la companya de	to Determine	Comminutes		
	Intellectual Proper	ty Patents &	Copyrights		
Do you have any	patents, whether plan	ned, pending or is	ssued, broadly relevant to t	the work? Yes 🗸 No	

Zilla 2



Section 5.			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest		
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement		
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Zilla has noth	ning to disclose.		

Evaluation and Feedback

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earning royalties or not

Royalties: Funds are coming into you or your institution due to your

patent



Section 1. Identifying Infor		
Identifying Infor	mation	
1. Given Name (First Name) R. Morton	2. Surname(LastName) Bolman III	3. Date March 25, 2020
4. Are you the corresponding author?	Yes XNo	
5. Manuscript Title A Glimpse of Hope: Cardiac Surgery	in Low- and Middle-Income Countries	s (LMIC's)
6. Manuscript Identifying Number (if you I	know it)	
Section 2. The Work Under		
The Work Under	Consideration for Publication	
any aspect of the submitted work (include statistical analysis. etc.)?	ive payment or services from a third party (governing but not limited to grants, data monitoring b	
Are there any relevant conflicts of int	erest?YesXNo	ADD
Section 3. Relevant financia	al activities outside the submitted w	vork.
of compensation) with entities as desc	in the table to indicate whether you have find ribed in the instructions. Use one line for each eport relationships that were present during rest?	ch entity; add as many lines as you need by
		ADD
Section 4. Intellectual Prope	erty Patents & Copyrights	
Do you have any natents, whether plan	aned pending orissued broadly relevant to	the work? Ves XNo



Section 5.			
Section 3.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?		
Yes, the following relationships/conditions/circumstances are present (explain below):			
No other rela	ationships/conditions/circumstances that present a potential conflict of interest NO		
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement		
below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Generate Dis	closure Statement		
I HAVE NO (CONFLICTS OF INTEREST. R. Morton Bolman III, MD		

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Boateng 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Percy	rst Name)	2. Surname (Last Name) Boateng	3. Date 24-March-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Peter Zilla
5. Manuscript Title A glimpse of hope: cardiac surgery in low- and middle-income countries (LMICs		untries (LMICs)	
6. Manuscript Ide CDT-19-449	ntifying Number (if you kr	now it)	
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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Boateng 2



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Sliwa 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Karen	, , ,	2. Surname (Last Name) Sliwa	3. Date 26-March-2020
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name
5. Manuscript Title Peter Zilla et al.			
6. Manuscript Ide	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Publi	cation
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No			
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Sliwa 2



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