

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Eva Maria

2. Surname (Last Name)

Javier Delmo

3. Date

11-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Roland Hetzer

5. Manuscript Title

Organ-saving surgical alternatives to treatment of heart failure

6. Manuscript Identifying Number (if you know it)

CDT-2020-HFYO-06(CDT-20-285)

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Dr. Javier Delmo has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Frank	2. Surname (Last Name) Wagner	3. Date 11-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Roland Hetzer
5. Manuscript Title Organ-saving surgical alternatives to treatment of heart failure		
6. Manuscript Identifying Number (if you know it) CDT-2020-HFYO-06(CDT-20-285)		

Section 2. The Work Under Consideration for Publication

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Dr. Wagner has nothing to disclose.

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1. Given Name (First Name) Mariano Francisco del Maria	2. Surname (Last Name) Javier	3. Date 11-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Roland Hetzer
5. Manuscript Title Organ-saving surgical alternatives to treatment of heart failure		
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1. Given Name (First Name) Matthias	2. Surname (Last Name) Loebe	3. Date 11-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Roland Hetzer
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1. Given Name (First Name)
Roland

2. Surname (Last Name)
Hetzer

3. Date
11-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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