

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Kiran

2. Surname (Last Name)

Batra

3. Date

26-March-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Extrinsic Compression of Coronary And Pulmonary Vasculature

6. Manuscript Identifying Number (if you know it)

CDT-2020-CVS-04(CDT-20-155)

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Dr. Batra has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Sachin S

2. Surname (Last Name)

Saboo

3. Date

25-March-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Kiran Batra

5. Manuscript Title

Extrinsic Compression of Coronary And  
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6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Asha	2. Surname (Last Name) Kandathil	3. Date 26-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kiran Batra
5. Manuscript Title Extrinsic Compression of Coronary And Pulmonary Vasculature		
6. Manuscript Identifying Number (if you know it) CDT-2020-CVS-04(CDT-20-155)		

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Dr. Kandathil has nothing to disclose.

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ARZU

2. Surname (Last Name)

CANAN

3. Date

26-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title

Extrinsic Compression of Coronary and Pulmonary Vasculature

6. Manuscript Identifying Number (if you know it)

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Dr. CANAN has nothing to disclose.

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1. Given Name (First Name) Sandeep	2. Surname (Last Name) Hedgire	3. Date /202-3/-26
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kiran Batra
5. Manuscript Title Extrinsic Compression of Coronary And Pulmonary Vasculature		
6. Manuscript Identifying Number (if you know it) CDT-2020-CVS-04(CDT-20-155)		

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**Other:** Anything not covered under the previous three boxes

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Murthy	2. Surname (Last Name) Chamarthy	3. Date 26-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kiran Batra
5. Manuscript Title Extrinsic Compression of Coronary And Pulmonary Vasculature		
6. Manuscript Identifying Number (if you know it) CDT-2020-CVS-04(CDT-20-155)		

### Section 2. The Work Under Consideration for Publication

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

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Chamарthy 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) Sanjeeva	2. Surname (Last Name) Kalva	3. Date 31-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kiran Batra
5. Manuscript Title Extrinsic Compression of Coronary And Pulmonary Vasculature		
6. Manuscript Identifying Number (if you know it) CDT-2020-CVS-04(CDT-20-155)		

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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

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalty
Springer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalty
Koo Foundation, Taiwan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fee
Medtronic Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fee
Penumbra Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker fee
US Vascular	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fee
Althea Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Investor
Dova Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fee

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Kalva reports personal fees from Elsevier, personal fees from Springer, personal fees from Koo Foundation, Taiwan, personal fees from Medtronic Inc, personal fees from Penumbra Inc, personal fees from US Vascular, other from Althea Health, personal fees from Dova Pharmaceuticals, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Suhny      2. Surname (Last Name) Abbara      3. Date 26-March-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Kiran Batra

5. Manuscript Title  
Extrinsic Compression of Coronary And Pulmonary Vasculature

6. Manuscript Identifying Number (if you know it)  
CDT-2020-CVS-04(CDT-20-155)

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Are there any relevant conflicts of interest?     Yes     No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Elsevier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	royalties

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Dr. Abbara reports other from Elsevier, outside the submitted work; .

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