

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) Michael	2. Surname (Last Name) Dandel	3. Date 29-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eva Javier Delmo
5. Manuscript Title Weaning from VAD support after left ventricular myocardial recovery		
6. Manuscript Identifying Number (if you know it) CDT-2020-HFYO-08(CDT-20-288)		

Section 2. The Work Under Consideration for Publication

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Dr. Dandel 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)
Mariano Francesco

2. Surname (Last Name)
Del Maria Javier

3. Date
03-July-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Eva Maria Delmo Walter

5. Manuscript Title
Weaning from VAD support
after left ventricular myocardial recovery

6. Manuscript Identifying Number (if you know it)
CDT-2020-HFYO-08(CDT-20-288)

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Dr. Del Maria Javier has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Eva Maria

2. Surname (Last Name)

Delmo Walter

3. Date

03-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Weaning from VAD support
after left ventricular myocardial recovery

6. Manuscript Identifying Number (if you know it)

CDT-2020-HFYO-08(CDT-20-288)

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1. Given Name (First Name)

Matthias

2. Surname (Last Name)

Loebe

3. Date

03-July-2020

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Yes No

Corresponding Author's Name

Eva Maria Delmo Walter

5. Manuscript Title

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Roland

2. Surname (Last Name)

Hetzer

3. Date

03-July-2020

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Yes

No

Corresponding Author's Name

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