

Instructions

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Senussi 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Mourad	rst Name)	2. Surname (Last Name) Senussi	3. Date 01-March-2021
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Suresh Mulukutla
5. Manuscript Title Long Term Mort	e ality and Readmissions	after TAVR	
6. Manuscript Ide CDT-20-916	ntifying Number (if you kr	now it)	
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Senussi 2



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Schindler 1



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Sultan 1



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1. Given Name (Firs	st Name)	2. Surname (Last Name) Sultan	3. Date 20-January-2021
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Suresh Mulukutla
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Sultan 2



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Masri 1



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Kliner 1



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1. Given Name (First Name) Dustin	2. Surname (Last Name) Kliner	3. Date 26-January-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Suresh Mulukutla
5. Manuscript Title Long Term Mortality and Readmissio	ns after TAVR	
6. Manuscript Identifying Number (if you CDT-20-916	ı know it)	
Section 2. The Work Under	Consideration for Publi	cation
	ing but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financi	al activities outside the s	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 Vo		
Section 4. Intellectual Prop	erty Patents & Copyri	ghts
Do you have any patents, whether pl	anned, pending or issued, bı	roadly relevant to the work? Yes V No

Kliner 2



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 follo	wing 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
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Dr. Kliner has no	thing to disclose.

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Kliner 3



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Kilic 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Arman	rst Name)	2. Surname (Last Name) Kilic	3. Date 01-March-2021	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Suresh Mulukutla	
5. Manuscript Title Long Term Read	e missions and Mortality	after TAVR		
6. Manuscript Ider CDT-20-916	ntifying Number (if you kr	now it)		
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Section 3.	Relevant financial	activities outside the	submitted work.	
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Kilic 2



Section 5.					
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Dr. Kilic has noth	ning to disclose.				

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Sharbaugh 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Michael	rst Name)	2. Surname (Last Name) Sharbaugh	3. Date 01-March-2021		
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Suresh Mulukutla		
5. Manuscript Title Long Term MOrt	e cality and Readmissions	s after TAVR			
6. Manuscript Ide CDT-20-916	ntifying Number (if you kr	now it)			
Section 2.	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 s	submitted work.		
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Sharbaugh 2



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Barakat 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Barakat	3. Date 01-March-2021		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Suresh Mulukutla		
5. Manuscript Title Long Term Morta	e ality and Readmissions	after TAVR			
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Section 2.	Section 2. The Work Under Consideration for Publication				
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Section 4.	Intellectual Proper	rty Patents & Copyric	yhts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Barakat 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 1.	Identifying Inform	nation			
1. Given Name (Fi Andrew	rst Name)	2. Surname (Last Name) Althouse	3. Date 20-January-2021		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Suresh Mulukutla		
5. Manuscript Title " Long Term Mo	e rtality and Readmission	ns after TAVR			
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Althouse 2



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Lee 1



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Lee 2



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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Gleason 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fir Thomas	rst Name)	2. Surname (Last Name) Gleason	3. Date 01-March-2021	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Suresh Mulukutla	
5. Manuscript Title Long Term Morta	e ality and Readmissions	after TAVR		
6. Manuscript Ider CDT-20-916	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	bed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.	
Section 4.	Intellectual Proper	ty Patents & Copyric	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

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Dr. Gleason has nothing to disclose.

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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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

Mulukutla 1



ation					
2. Surname (Last Name) Mulukutla			3. Date 19-January-2021		
✓ Yes No					
5. Manuscript Title Long Term Mortality and Readmissions After Transcatheter Aortic Valve Replacement					
6. Manuscript Identifying Number (if you know it) CDT-20-916					
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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 If yes, please fill out the appropriate information below.					
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Mulukutla 2



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Relationships not covered above
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Disclosure Statement
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Dr. Mulukutla reports other from Boston Scientific, other from Medtronic, Inc, outside the submitted work; .

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