Date:05-07-2022
Your Name:_Gianluca Torregrossa
Manuscript Title: Establishing a robotic coronary artery bypass surgery program: a narrative review
Manuscript number (if known):

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present	_XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	

4	Consulting fees	X_None	
5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or pending	_XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
		•	
Ple	ase summarize the above co	nflict of interest in the fo	ollowing box:
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ľ	No conflict of interest exists		

Date:05-07- 2022
Your Name:_Aleksander Dokollari
Manuscript Title: Establishing a robotic coronary artery bypass surgery program: a narrative review
Manuscript number (if known):

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
-	Company for attending		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	X None	
11	Stock or stock options	None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	ase summarize the above co	onflict of interest in the	following box:

Pate:05-07- 2022
our Name:_Michel Pompeu Sa
Manuscript Title: Establishing a robotic coronary artery bypass surgery program: a narrative review
Nanuscript number (if known):

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	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V N	
11	Stock or stock options	XNone	
42	Descript of anning set	V N	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non-	V Name	
13	other financial or non- financial interests	XNone	
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Plea	ase summarize the above co	onflict of interest in the f	ollowing box:
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Date:05-07- 2	022
Your Name:_Serge	Sicouri
Manuscript Title:_	Establishing a robotic coronary artery bypass surgery program: a narrative review
Manuscript number	r (if known):

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
-	Company for attack disc.	V N	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
	ase summarize the above co	nflict of interest in the fo	ollowing box:
	to connict of interest exists		

Date:	05-07- 202	
Your Nar	me:_Basel R	amlawi
Manusc	ript Title:	Establishing a robotic coronary artery bypass surgery program: a narrative review
Manuscr	ript number	(if known):

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	lectures, presentations,						
	speakers bureaus,						
	manuscript writing or						
	educational events						
6	Payment for expert	_X	None				
	testimony						
7	Support for attending meetings and/or travel	_X	None				
8	Patents planned, issued or	_X_	None				
	pending						
9	Participation on a Data	_X	None				
	Safety Monitoring Board or						
	Advisory Board						
10	Leadership or fiduciary role	_X	None				
	in other board, society,						
	committee or advocacy						
	group, paid or unpaid						
11	Stock or stock options	_X	None				
12	D	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X	None				
	services						
13	Other financial or non-	Х	Nana				
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Γ.							
	No conflict of interest exists						

Date:05-07	- 2022
Your Name:_Fra	ncis Sutter
Manuscript Title	Establishing a robotic coronary artery bypass surgery program: a narrative review
Manuscript nun	nber (if known):

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8	Patents planned, issued or	_XNone				
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9	Participation on a Data	_XNone				
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11	group, paid or unpaid	X None				
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N	No conflict of interest exists					