Date: 27 / 12 / 2022

Your Name: AHMET UMIT GULLU

Manuscript Title: The Technical Details of Robotic Assisted Mitral Valve Replacement

Manuscript number (if known): JOVS-22-35-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
		Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	

Stut

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-03	educational events	RESTRICT LES BESTE	
6	Payment for expert	_XNone	
	testimony		Page 1
7	Support for attending	_XNone	
	meetings and/or travel		
			· 网络斯克斯克斯斯克斯 (1975年) 11.15年 [1] 在12.15年 [1]
8	Patents planned, issued or	X_None	
	pending	Activities and the second seco	
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	i e	
11	group, paid or unpaid	X None	
11	Stock or stock options	_x_None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	NOTIE	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	PRINTER OF THE PRINTE
	financial interests		

750	25	(27)		5202	2 22	
Dianca	cummariza	the shows	conflict	of intoract	in the fo	llowing box:
PIPASE	Summanze	THE AUDVE	COMMITTEE	OI HILEIESE	III LIIE IO	HUWHIE DUA.

Please place an "X" next to the following statement to indicate your agreement:

Date: 27 / 12 / 2022 Your Name: SAHIN SENAY

Manuscript Title: The Technical Details of Robotic Assisted Mitral Valve Replacement

Manuscript number (if known): JOVS-22-35-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	



5	Payment or honoraria for	_X_None
1.7	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	X None
	testimony	_X_None
	,	
7	Support for attending meetings and/or travel	_XNone
-3.5		
8	Patents planned, issued or pending	X_None
	Penamb	
9	Participation on a Data	X_None
1	Safety Monitoring Board or	
43	Advisory Board	
10	Leadership or fiduciary role	_XNone
	in other board, society, committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
16:2		
12	Receipt of equipment,	_XNone
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	X_None
	financial interests	

D	lease summarize the above	conflict	of interest	in the	falloudin	a haw
_	lease summarize the above	CONTINCE	or interest	in the	TOHOWIN	g DOX:

Please place an "X" next to the following statement to indicate your agreement:



Date: 27 / 12 / 2022 Your Name:EGEMEN ERSIN

Manuscript Title: The Technical Details of Robotic Assisted Mitral Valve Replacement

Manuscript number (if known): JOVS-22-35-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
	0.00% 可以是一种的	Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X_None	
	2位于2015年中国共和国	Time frame: pas	et 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	

A Roman

5	Payment or honoraria for	_X_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
4.7	educational events		
6	Payment for expert	X None	
	testimony		
_	A country to the country country of the country of		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	X_None	
	pending		10.00
9	Participation on a Data	X_None	
-14	Safety Monitoring Board or	5 - ME NO WAY E SEE THE	
	Advisory Board	FIELD RENAMED	
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_X_None	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
	personal and the state of the s		

Please summariz	e the al	oove conf	lict of	interest in	າ the	following	box:
-----------------	----------	-----------	---------	-------------	-------	-----------	------

Please place an "X" next to the following statement to indicate your agreement:

Date: 27 / 12 / 2022

Your Name: MUHARREM KOÇYİĞİT

Manuscript Title: The Technical Details of Robotic Assisted Mitral Valve Replacement

Manuscript number (if known): JOVS-22-35-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
	了的,然后也不是一个。	Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X_None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	

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 meetings and/or travel	_XNone	
8	Patents planned, issued or	X None	
	pending		
	Poname		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board	THE THREE YE	
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	The state of the s
			Language in the second second second second
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X_None	
	financial interests		

Ρ	lease	summarize	e the	above	conflic	t of	interest	in	the	foll	owing	box
---	-------	-----------	-------	-------	---------	------	----------	----	-----	------	-------	-----

Please place an "X" next to the following statement to indicate your agreement:



Date: 27 / 12 / 2022 Your Name: LEYLA KILIC

Manuscript Title: The Technical Details of Robotic Assisted Mitral Valve Replacement

Manuscript number (if known): JOVS-22-35-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
1		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X_None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	



5	Payment or honoraria for	_XNone
	lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	_XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None
11	Stock or stock options	_X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None
13	Other financial or non- financial interests	X_None

Ρ	lease	summariz	e the	above	conflict	of int	terest in	the	following bo	x:
---	-------	----------	-------	-------	----------	--------	-----------	-----	--------------	----

Please place an "X" next to the following statement to indicate your agreement:

___ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

to

Date: 27 / 12 / 2022 Your Name:OZLEM CELIK

Manuscript Title: The Technical Details of Robotic Assisted Mitral Valve Replacement

Manuscript number (if known): JOVS-22-35-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

dely

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony	_X_None	2505
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	X_None	
	Advisory Board	Togrammer together	
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical writing, gifts or other		5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	services		
13	Other financial or non-	X_None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

émp

Date: 27 / 12 / 2022 Your Name: CEM ALHAN

Manuscript Title: The Technical Details of Robotic Assisted Mitral Valve Replacement

Manuscript number (if known): JOVS-22-35-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
	Section design and the second	Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	_XNone XNone
В	testimony	_XNone
7	Support for attending meetings and/or travel	_X_None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	X_None

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

