		ICIVIJE DISC	LUSURE FURIVI	
	e: 1/3/2023			
	Name: John Massey_			
		hnique: Robotically-Assist	ed Mitral Valve Repair – Chordal Replacement with Gore-Te	3X
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Man	uscript number (if known)):		
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•		•	of the manuscript. Disclosure represents a commitment	
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reiai	cionship/activity/interest,	it is preferable that you d	0 \$0.	
	following questions apply uscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
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		needed)		
		Time frame: Since the initia	al planning of the work	
	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.			
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		Time frame: pas	t 36 months	

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

any entity (if not indicated

X __None

X __None

X __None

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	_ XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
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	XNone
Ple	ase summarize the above c	onflict of interest in the following box:

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

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

Date:	8/8/2023
Your Name:	Kenneth Palmer
Manuscript Title:	Surgical Technique: Robotically-Assisted Mitral Valve Repair – Chordal Replacement with Gore-Tex Loops
Manuscript Number (if known):	Click or tap here to enter text.

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 author's relationships/activities/interests should be defined broadly. 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.

		e all entities with whom you have this onship 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 initial 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.	None Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	se place an "X" nex	t to the	e following statement to indicate your agreeme	nt:
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

3 12/13/2021 ICMJE Disclosure Form

Date:	8/7/2023
Your Name:	OMAR AL-RAWI
Manuscript Title:	Surgical Technique: Robotically-Assisted Mitral Valve Repair – Chordal Replacement with Gore-Tex Loops
Manuscript Number (if known):	Click or tap here to enter text.

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 author's relationships/activities/interests should be defined broadly. 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.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	present manuscript (e.g., funding, provision		Time frame: Since the initial planning None	Of the work Click the tab key to add additional rows.
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None □	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None □	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Please place an "X" next to the following statement to indicate your agreement: x I have no conflict of interest I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

3 12/13/2021 ICMJE Disclosure Form

Da	te: 1/3/2023			
	ur Name: Tim Ridgway			
Ma Loc		chnique: Robotically-Assis	ted Mitral Valve Repair – Chordal Replacement with Go	ore-Tex
IVIC	andscript number (ii known	J·		
rela pai to	ated to the content of your rties whose interests may b	manuscript. "Related" med e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.	
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to	•	ension, you should declare	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertensi the manuscript.	
	item #1 below, report all su e time frame for disclosure	• •	d in this manuscript without time limit. For all other it	ems,
		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	
	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.	_XNone		
		Time frame: past	36 months	
	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		

Royalties or licenses

Consulting fees

X __None

X __None

3

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	_ XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
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	XNone
Ple	ase summarize the above c	onflict of interest in the following box:

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

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

		ICMJE DISC	LOSURE FORM	
Da	te: 1/5/2022			
	ur Name: Paul Modi			
		chnique: Robotically-Assis	ted Mitral Valve Repair – Chordal Replacement with Gore-Te	x
Lo	ops		·	
	anuscript number (if known):		
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	l planning of the work	
L	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.	1		

Time frame: past 36 months

X __None

X __None

X __None

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert	_ XNone			
	testimony				
7	Cuppert for attending	None	Abbott – Mitral Conclave 2019		
,	Support for attending meetings and/or travel	None	Abbott – Mitrai Conciave 2019		
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role in other board, society,	None	Chairman of the British and Irish Society for Minimally Invasive Cardiac Surgery - unpaid		
	committee or advocacy		Editorial board of Innovations		
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X None			
12	materials, drugs, medical	_ XNone			
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	_ XNone			
	Please summarize the above conflict of interest in the following box: PM serves as the unpaid Chairman of the British and Irish Society for Minimally Invasive Cardiac Surgery and an Editorial Board Member of <i>Innovations</i> .				

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

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