## **ICMJE DISCLOSURE FORM**

Date:	8/26/2023
Your Name:	Kirsten Allen
Manuscript Title:	The Future of Sutureless Valve Technology
Manuscript Number (if known):	JOVS-23-27

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	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	

			Comments (e.g., if payments were r 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 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	
			e following statement to indicate your agreeme	
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

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## **ICMJE DISCLOSURE FORM**

Date:	8/20/2021
Your Name:	Adham El-Sherbini
Manuscript Title:	The Future of Sutureless Valve Technology
Manuscript Number (if known):	JOVS-23-27

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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" next	t to the	e following statement to indicate your agreeme	ent:
$\boxtimes$	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

## **ICMJE DISCLOSURE FORM**

Date:	8/20/2021
Your Name:	Mohammad El Diasty
Manuscript Title:	The Future of Sutureless Valve Technology
Manuscript Number (if known):	JOVS-23-27

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