

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Patrick

2. Surname (Last Name)

Chan

3. Date

20-June-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Danny Chu

5. Manuscript Title

Trileaflet aortic valve reconstruction using glutaraldehyde fixed autologous pericardium

6. Manuscript Identifying Number (if you know it)

JOVS-2018-05

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

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Are there any relevant conflicts of interest?

Yes

No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

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Dr. Chan has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Seese	3. Date 20-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Danny Chu
5. Manuscript Title Trileaflet aortic valve reconstruction using glutaraldehyde fixed autologous pericardium		
6. Manuscript Identifying Number (if you know it) JOVS-2018-05		

### 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

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Seese has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Ernest

2. Surname (Last Name)  
Chan

3. Date  
20-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Danny Chu

5. Manuscript Title  
Trileaflet aortic valve reconstruction using glutaraldehyde fixed autologous pericardium

6. Manuscript Identifying Number (if you know it)  
JOVS-2018-05

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### Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Gleason

3. Date

20-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Danny Chu

5. Manuscript Title

Trileaflet aortic valve reconstruction using glutaraldehyde fixed autologous pericardium

6. Manuscript Identifying Number (if you know it)

JOVS-2018-05

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Dr. Gleason has nothing to disclose.

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Danny

2. Surname (Last Name)  
Chu

3. Date  
20-June-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Japanese Organization for Medical Device Development, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	International proctor
Terumo Cardiovascular Systems Corporation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proctor
The Osler Institute	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty
Wolters Kluwer Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Journal editor

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Dr. Chu reports personal fees from Japanese Organization for Medical Device Development, Inc., personal fees from Terumo Cardiovascular Systems Corporation, personal fees from The Osler Institute, personal fees from Wolters Kluwer Health, from null, outside the submitted work; .

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