

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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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) Samuel	2. Surname (Last Name) Heuts	3. Date 09-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peyman Sardari Nia
5. Manuscript Title Planning minimally invasive mitral valve surgery		
6. Manuscript Identifying Number (if you know it)		

### 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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Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Heuts has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jules	2. Surname (Last Name) Olsthoorn	3. Date 09-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peyman Sardari Nia
5. Manuscript Title Planning minimally invasive mitral valve surgery		
6. Manuscript Identifying Number (if you know it)		

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Dr. Olsthoorn has nothing to disclose.

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1. Given Name (First Name) Jos	2. Surname (Last Name) Maessen	3. Date 09-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peyman Sardari Nia
5. Manuscript Title Planning minimally invasive mitral valve surgery		
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Dr. Maessen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Peyman

2. Surname (Last Name)  
Sardari Nia

3. Date  
09-September-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Planning minimally invasive mitral valve surgery

6. Manuscript Identifying Number (if you know it)

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