

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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.

5. Relationships not covered above.

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Definitions.

Entity: government agency, foundation, commercial sponsor,

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Johan

2. Surname (Last Name)

van der Merwe

3. Date

07-December-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Filip Casselman

5. Manuscript Title

Complications and pitfalls in minimally invasive atrioventricular valve surgery utilizing endo-aortic balloon occlusion technology

6. Manuscript Identifying Number (if you know it)

JOVS-2018-MVS-01

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. van der Merwe has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Frank

2. Surname (Last Name)
Van Praet

3. Date
07-December-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Filip Casselman

5. Manuscript Title
Complications and pitfalls in minimally invasive atrioventricular valve surgery utilizing endo-aortic balloon occlusion technology

6. Manuscript Identifying Number (if you know it)
JOVS-2018-MVS-01

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Edwards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Van Praet reports personal fees from Edwards, during the conduct of the study; personal fees from Edwards, outside the submitted work; .

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Yvette

2. Surname (Last Name)
Vermeulen

3. Date
07-December-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Filip Casselman, MD, PhD, FETCS

5. Manuscript Title
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Mrs. Vermeulen has nothing to disclose.

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Filip

2. Surname (Last Name)
Casselman

3. Date
07-December-2018

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5. Manuscript Title
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