

#### **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.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Müller 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Ludwig		2. Surname (Last Name Müller	2)	3. Date 08-December-2018
4. Are you the cor	responding author?	✓ Yes No		
5. Manuscript Title Indications and	e contra-indications for r	ninimally invasive mitra	al valve surgery	
6. Manuscript Ide	ntifying Number (if you kr	ow it)		
Section 2.	The Work Under Co	onsideration for Pul	olication	
Did you or your institution <b>at any time</b> 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  Yes				
Section 3.				
Section 5.	Relevant financial	activities outside th	e 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Proper	ty Patents & Copy	vrights	
Do you have any	patents, whether plan	ned, pending or issued	, broadly relevant to the work	? ☑ Yes 🗸 No

Müller 2



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Dr. Müller has nothing to disclose.

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Höfer 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Ludwig Müller
5. Manuscript Title Indications and		minimally invasive mitral v	alve surgery
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Höfer 2



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Holfeld 1



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Holfeld 2



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**koyaities:** Funds are coming in to you or your institution due to your patent

Hangler 1



Section 1. Identifying Infor	mation		
1. Given Name (First Name) Herbert	2. Surname (Last Name) Hangler	3. Date 08-December-2018	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Ludwig Müller	
5. Manuscript Title Indications and contra-indications fo	r minimally invasive mitral v	alve surgery	
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Hangler 2



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Bonaros 1



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Bonaros 2



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**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Infor	mation		
1. Given Name (First Name) Michael	2. Surname (Last Name) Grimm	3. Date 08-December-2018	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Ludwig Müller	
5. Manuscript Title Indications and contra-indications fo	r minimally invasive mitral v	alve surgery	
6. Manuscript Identifying Number (if you	know it)		
Section 2. The Work Under	Consideration for Public	cation	
Did you or your institution <b>at any time</b> 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  V No			
Section 3. Relevant financia	al activities outside the s	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes V No			
Section 4. Intellectual Prop	erty Patents & Copyric	ghts	
Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work? Yes V No	

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Section 5.		
Section 5.	Relationships not covered above	
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?	
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):	
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest	
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement	
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Grimm has n	othing to disclose.	

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