

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.

Identifying information.

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Olsthoorn 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Jules	. , ,	2. Surname (Last Name) Olsthoorn	3. Date 09-December-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Peyman Sardari Nia
5. Manuscript Title Step-by-step gu	e Iide for endoscopic mit	ral valve surgery	
6. Manuscript Ide JOVS-2018-MVS	ntifying Number (if you kr i-10	now it)	
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Olsthoorn 2



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Dr. Olsthoorn has nothing to disclose.

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Olsthoorn 3



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Heuts 1



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4. Are you the cor	e you the corresponding author? Yes Yes Peyman Sardari Nia		Corresponding Author's Name Peyman Sardari Nia
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Attaran 1



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Cornelissen 1



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Cornelissen 2



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	eive payment or services from a third party (government, cog g but not limited to grants, data monitoring board, study d est? Yes V No	
Section 3. Relevant financial	activities outside the submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were present during the 36 i	add as many lines as you need by
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	ned, pending or issued, broadly relevant to the work	x?

Sardari Nia 2



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Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Disclosure Statement
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Dr. Sardari Nia has nothing to disclose.

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Sardari Nia 3