

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ulrich	2. Surname (Last Name) Schneider	3. Date 20-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hans-Joachim Schäfers
5. Manuscript Title Concepts and techniques of bicuspid aortic valve repair		
6. Manuscript Identifying Number (if you know it)		

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Dr. Schneider 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)

Irem

2. Surname (Last Name)

Karlioiva

3. Date

20-September-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Hans-Joachim Schäfers

5. Manuscript Title

Concepts and techniques of bicuspid aortic valve repair

6. Manuscript Identifying Number (if you know it)

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Dr. Karliova has nothing to disclose.

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1. Given Name (First Name) Christian	2. Surname (Last Name) Giebels	3. Date 20-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hans-Joachim Schäfers
5. Manuscript Title Concepts and techniques of bicuspid aortic valve repair		
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Dr. Giebels has nothing to disclose.

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1. Given Name (First Name) Tristan	2. Surname (Last Name) Ehrlich	3. Date 20-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hans-Joachim Schäfers
5. Manuscript Title Concepts and techniques of bicuspid aortic valve repair		
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Hans-Joachim

2. Surname (Last Name)

Schäfers

3. Date

20-September-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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