

## 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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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)

Andreas

2. Surname (Last Name)

Habertheuer

3. Date

13-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Hemiarch Replacement with Aortic Root Preservation for acute Type A Aortic Dissection

6. Manuscript Identifying Number (if you know it)

JOVS-2020-AD-06

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No

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Are there any relevant conflicts of interest?

Yes

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### 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. Habertheuer 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)

Thomas

2. Surname (Last Name)

Gleason

3. Date

25-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Ibrahim Sultan

5. Manuscript Title

Hemiarch Replacement with Aortic Root Preservation for acute Type A Aortic Dissection

6. Manuscript Identifying Number (if you know it)

JOVS-2020-AD-06

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Dr. Gleason 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)

Edgar

2. Surname (Last Name)

Aranda-Michel

3. Date

13-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Ibrahim Sulan

5. Manuscript Title

Hemiarch Replacement with Aortic Root Preservation for acute Type A Aortic Dissection

6. Manuscript Identifying Number (if you know it)

JOVS-2020-AD-06

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Dr. Aranda-Michel 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) Arman      2. Surname (Last Name) Kilic      3. Date 20-May-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Hemiarch Replacement with Aortic Root Preservation for acute Type A Aortic Dissection

6. Manuscript Identifying Number (if you know it)  
JOVS-2020-AD-06

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?     Yes     No

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Advisory Board

### 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. Kilic reports personal fees from Medtronic, Inc, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Valeinto Bianco	2. Surname (Last Name) Bianco	3. Date 19-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ibrahim Sultan
5. Manuscript Title Hemiarch Replacement with Aortic Root Preservation for acute Type A Aortic Dissection		
6. Manuscript Identifying Number (if you know it) JOVS-2020-AD-06		

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Dr. Bianco 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)

Eric

2. Surname (Last Name)

Hyzny

3. Date

13-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Ibrahim Sultan, MD

5. Manuscript Title

Hemiarch Replacement with Aortic Root Preservation for acute Type A Aortic Dissection

6. Manuscript Identifying Number (if you know it)

JOVS-2020-AD-06

### 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

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Yes

No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Mr. Hyzny 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)

Zachary

2. Surname (Last Name)

Kassir

3. Date

19-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Ibrahim Sultan

5. Manuscript Title

Hemiarch Replacement with Aortic Root Preservation for acute Type A Aortic Dissection

6. Manuscript Identifying Number (if you know it)

JOVS-2020-AD-06

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kassir has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Forozan

2. Surname (Last Name)

Navid

3. Date

19-May-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Hemiarch Replacement with Aortic Root Preservation for acute Type A Aortic Dissection

6. Manuscript Identifying Number (if you know it)

JOVS-2020-AD-06

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ibrahim

2. Surname (Last Name)

Sultan

3. Date

25-May-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Hemiarch Replacement with Aortic Root Preservation for acute Type A Aortic Dissection

6. Manuscript Identifying Number (if you know it)

JOVS-2020-AD-06

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