

#### **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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earning royalties or not

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

patent

Mahon 1



| Section 1.  | Identifying Inform  | nation  |                            |   |  |  |
|---|---|---|----------------------------|---|--|--|
| 1. Given Name (Fii<br>Ciara                                       | rst Name)   | 2. Surname (Last Name)<br>Mahon   |                            | 3. Date<br>11-December-2020   |  |  |
| 4. Are you the corresponding author?   ✓ Yes   No                 |   |   |                            |   |  |  |
| Association of in expanding Trans                                 | <ul> <li>5. Manuscript Title</li> <li>Association of individual aortic leaflet calcification on paravalvular regurgitation and conduction abnormalities with self-expanding Transaortic valve insertion</li> <li>6. Manuscript Identifying Number (if you know it)</li> <li>QIMS-20-1122</li> </ul> |   |                            |   |  |  |
| Section 2.  | The West Hester C   | onsideration for Publicati  |                            |   |  |  |
| any aspect of the s<br>statistical analysis,<br>Are there any rel | stitution <b>at any time</b> rece<br>ubmitted work (including   | ive payment or services from a th<br>but not limited to grants, data m      | rd party (government, cor  | mmercial, private foundation, etc.) for sign, manuscript preparation,                               |  |  |
| Section 3.  | Relevant financial  | activities outside the sub  | mitted work.               |   |  |  |
| of compensation<br>clicking the "Add<br>Are there any rel         | ) with entities as descri   | ibed in the instructions. Use of<br>port relationships that were <b>p</b> r | ne line for each entity; a | ationships (regardless of amount<br>dd as many lines as you need by<br>nonths prior to publication. |  |  |
| Section 4.  | Intellectual Prope  | rty Patents & Copyrights  | ;                          |   |  |  |
| Do you have any   | patents, whether plan   | ned, pending or issued, broad   | y relevant to the work?    | ☐ Yes   ✓ No  |  |  |

Mahon 2



| Section 5. Relationships not severed above   |
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| Dr. Mahon has nothing to disclose.   |

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| Section 1.  | Identifying Inform                                  | nation  |  |  |  |
|---|---|---|--|--|--|
| 1. Given Name (Fir<br>Allan                                 | rst Name)   | 2. Surname (Last Name)<br>Davies                      |  | 3. Date<br>13-December-2020  |  |
| 4. Are you the corr   | re you the corresponding author? Yes Vo             |   | Corresponding Author's Na<br>Ciara Mahon                           | Corresponding Author's Name Ciara Mahon  |  |
| 5. Manuscript Title<br>Association of ine<br>expanding TAVI |   | ation on paravalvular reç                             | gurgitation and conduction a                                       | bnormalities with self-  |  |
| 6. Manuscript Ider  | ntifying Number (if you kn                          | now it)   |  |  |  |
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| any aspect of the si<br>statistical analysis,               | ubmitted work (including                            | but not limited to grants,                            | m a third party (government, co<br>data monitoring board, study de | mmercial, private foundation, etc.) for esign, manuscript preparation,                         |  |
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| Section 3.  | Relevant financial                                  | activities outside the                                | submitted work.  |  |  |
| of compensation clicking the "Add                           | ) with entities as descri<br>+" box. You should rep | bed in the instructions.<br>port relationships that w | Use one line for each entity; a                                    | ationships (regardless of amount add as many lines as you need by nonths prior to publication. |  |
| Are there any rele  | evant conflicts of intere                           | est? Yes ✓ No   |  |  |  |
|   |   |   |  |  |  |
| Section 4.  | Intellectual Proper                                 | ty Patents & Copy                                     | rights   |  |  |
| Do you have any   | patents, whether plan                               | ned, pending or issued,                               | broadly relevant to the work?                                      | ? ☐ Yes ✓ No   |  |



| Section 5. Relationships not sovered above   |
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Gambaro 1



| Section 1.  | Identifying Inform                                    | nation   |  |  |
|---|---|--|--|--|
| 1. Given Name (Fi<br>Alessia                                | rst Name)   | 2. Surname (Last Name)<br>Gambaro                          |  | 3. Date<br>12-November-2020  |
| 4. Are you the cor  | responding author?                                    | ☐ Yes ✓ No   | Corresponding Author's Nar<br>Ciara Mahon                        | me   |
| 5. Manuscript Title<br>Association of in<br>expanding TAVI. | dividual aortic leaflet c                             | alcification on paravalvula                                | r regurgitation and conduc                                       | tion abnormalities with self-  |
| 6. Manuscript Idei  | ntifying Number (if you kr                            | now it)  |  |  |
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| Section 2.  | The Work Under Co                                     | onsideration for Public                                    | cation   |  |
| any aspect of the s<br>statistical analysis,                | ubmitted work (including                              | but not limited to grants, da                              | a third party (government, cor<br>ata monitoring board, study de | mmercial, private foundation, etc.) for esign, manuscript preparation,                         |
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| Place a check in tool of compensation clicking the "Add     | the appropriate boxes i<br>n) with entities as descri | ibed in the instructions. Us<br>port relationships that we | ether you have financial rela<br>se one line for each entity; a  | ationships (regardless of amount add as many lines as you need by nonths prior to publication. |
| Section 4.  | Intellectual Proper                                   | rty Patents & Copyric                                      | ahts   |  |
| D   |   |  |  |  |
| Do you have any   | patents, whether plan                                 | ned, pending or issued, br                                 | oadly relevant to the work?                                      | Yes ✓ No   |

Gambaro 2



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Musella 1



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|---|----------------------------|--|--|-----------|
| 1. Given Name (Fir<br>Francesca                             | st Name)                   | 2. Surname (Last Name)<br>Musella                          | 3. Date<br>11-December-2020  |           |
| 4. Are you the corr   |                            |  | Corresponding Author's Name Ciara Mahon  |           |
| 5. Manuscript Title<br>Association of inc<br>expanding TAVI |                            | alcification on paravalvula                                | r regurgitation and conduction abnormalities with self   | -         |
| 6. Manuscript Ider  | itifying Number (if you kr | now it)  |  |           |
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| Section 4.  | Intellectual Proper        | ty Patents & Copyrig                                       | hts  |           |
| Do you have any   |                            |  | oadly relevant to the work? Yes V No   |           |

Musella 2



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Amado da Costa 1



| Section 1.  | Identifying Inform                                   | nation  |  |  |
|---|--|---|--|--|
| 1. Given Name (Fi<br>Ana Luísa  | rst Name)  | 2. Surname (Last Name)<br>Amado da Costa  | 3. Date<br>13-December-2020  |  |
| 4. Are you the corresponding author?  |  | ☐ Yes ✓ No  | Corresponding Author's Name<br>Ciara Mahon   |  |
| <ul> <li>5. Manuscript Title</li> <li>Association of individual aortic leaflet calcification on paravalvular regurgitation and conduction abnormalities with self-expanding Transaortic valve insertion</li> <li>6. Manuscript Identifying Number (if you know it)</li> </ul> |  |   |  |  |
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Amado da Costa



| Section 5.                 |   |
|----------------------------|---|
| Section 5.                 | Relationships not covered above   |
|                            | elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?  |
| Yes, the follow            | wing relationships/conditions/circumstances are present (explain below):  |
| ✓ No other relat           | tionships/conditions/circumstances that present a potential conflict of interest  |
|                            | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>rnals may ask authors to disclose further information about reported relationships. |
| Section 6.                 | Disclosure Statement  |
| Based on the abo<br>below. | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box   |
| Dr. Amado da Co            | osta has nothing to disclose.   |

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

Panoulas 1



| Section 1.                                   | Identifying Inform         | nation   |   |   |
|--|----------------------------|--|---|---|
| 1. Given Name (Fi<br>Vasileios               | rst Name)                  | 2. Surname (Last Name)<br>Panoulas                         | <del>-</del> -  | . Date<br>4-December-2020   |
| 4. Are you the corresponding author?         |                            | Yes ✓ No   | Corresponding Author's Name   |   |
|  |                            | -  | r regurgitation and conductio                                       | on abnormalities with self-   |
| 6. Manuscript Ide<br>QIMS-20-1122            | ntifying Number (if you kr | now it)  |   |   |
|  | ı                          |  |   |   |
| Section 2.                                   | The Work Under Co          | onsideration for Public                                    | ation   |   |
| any aspect of the s<br>statistical analysis, | submitted work (including  | but not limited to grants, da                              | a third party (government, comn<br>ta monitoring board, study desig | nercial, private foundation, etc.) for<br>In, manuscript preparation,                         |
| Section 3.                                   | Relevant financial         | activities outside the s                                   | ubmitted work.  |   |
| of compensation clicking the "Add            | n) with entities as descri | bed in the instructions. Us<br>port relationships that wer |   | onships (regardless of amount<br>d as many lines as you need by<br>nths prior to publication. |
| Section 4.                                   | Intellectual Proper        | rty Patents & Copyric                                      | ıhts  |   |
| Do you have any                              |                            |  | oadly relevant to the work? [                                       | Yes 🗸 No  |

Panoulas 2



| Section 5. Relationships not severed above   |
|--|
| Relationships not covered above  |
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| Section 1.   | Identifying Inform                                      | nation   |   |  |  |  |
|--|---|--|---|--|--|--|
| Given Name (First Name)  Edward  |   | 2. Surname (Last Name)<br>Nicol                            | 3. Date<br>11-December-2020   |  |  |  |
| 4. Are you the corresponding author?   |   | Yes ✓ No   | Corresponding Author's Name<br>Ciara Mahon  |  |  |  |
| 5. Manuscript Title Association of individual aortic leaflet calcification on paravalv expanding TAVI. |   |  | r regurgitation and conduction abnormalities with self-   |  |  |  |
| 6. Manuscript Ide<br>QRMS-20-1122  | ntifying Number (if you kr                              | now it)  |   |  |  |  |
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| Section 2.   | Section 2. The Work Under Consideration for Publication |  |   |  |  |  |
| any aspect of the s<br>statistical analysis,   | ubmitted work (including                                | but not limited to grants, da                              | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation,  |  |  |  |
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| Place a check in a of compensation clicking the "Add   | the appropriate boxes i<br>n) with entities as descri   | bed in the instructions. Us<br>port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by the present during the 36 months prior to publication. |  |  |  |
| Section 4.   | Intellectual Proper                                     | ty Patents & Copyric                                       | yhts  |  |  |  |
| Do you have any  | patents, whether plan                                   | ned, pending or issued, br                                 | oadly relevant to the work? Yes V No  |  |  |  |

Nicol 2



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n-Financial Support: Examples include drugs/equipment

Duncan 1



| Section 1.   |                        |   |              |  |                      |              |  |
|--|------------------------|---|--------------|--|----------------------|--------------|--|
| ld   | entifying Informa      | ition                                   |              |  |                      |              |  |
| Given Name (First Name)     Alison   |                        | 2. Surname (Last Name)<br>Duncan        |              |  | 3. Date<br>12-Noveml | ber-2020     |  |
| 4. Are you the corresponding author?   |                        | ☐ Yes ✓ N                               | No           | Corresponding Author's Name<br>Ciara Mahon |                      |              |  |
| 5. Manuscript Title<br>Association of individual aortic leaflet ca<br>expanding TAVI   |                        | cification on pai                       | ravalvular   | regurgitation and                          | nd conduct           | ion abnorm   | nalities with self-                          |
| 6. Manuscript Identifyi  | ng Number (if you kno  | w it)                                   |              |  |                      |              |  |
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| Section 2.   | e Work Under Co        | ncidovation fo                          | v Dublica    | ation .                                    |                      |              |  |
|  |                        |   |              |  |                      |              |  |
| any aspect of the subm   |                        |   |              |  |                      |              | vate foundation, etc.) for ript preparation, |
| statistical analysis, etc.)?   |                        | +2  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ✓ No         |  |                      |              |  |
| Are there any relevant conflicts of interest? Yes  |                        |   | V NO         |  |                      |              |  |
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| Section 3.   |                        |   |              |  |                      |              |  |
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| Place a check in the a   | appropriate boxes in   | the table to ind                        | licate whet  | ther you have fin                          | nancial rela         | tionships (r | 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 |                        |   |              |  |                      |              |  |
| Are there any relevan  | it connects of interes | ·                                       | <b>V</b> 110 |  |                      |              |  |
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| Int  | ellectual Propert      | y Patents &                             | Copyrigh     | nts  |                      |              |  |
| Do you have any pat  | ents, whether planno   | ed, pending or is                       | ssued, bro   | adly relevant to t                         | the work?            | Yes          | ✓ No   |

Duncan 2



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| Section 1.                                   | Identifying Inform                                      | nation   |  |  |  |  |
|--|---|--|--|--|--|--|
| Given Name (First Name) Simon                |   | 2. Surname (Last Name)<br>Davies                           | 3. Date<br>18-December-2020  |  |  |  |
| 4. Are you the corresponding author?         |   | Yes ✓ No   | Corresponding Author's Name<br>Ciara Mahon   |  |  |  |
|  |   | -  | r regurgitation and conduction abnormalities with self-  |  |  |  |
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| any aspect of the s<br>statistical analysis, | submitted work (including                               | but not limited to grants, da                              | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,   |  |  |  |
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| Do you have any                              | patents, whether plan                                   | ned, pending or issued, br                                 | oadly relevant to the work? Yes V No   |  |  |  |



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Mirsadraee 1



| Section 1.  | Identifying Inform   | ation  |   |   |  |  |
|---|--|--|---|---|--|--|
|   |  | 2. Surname (Last Name)<br>Mirsadraee                 | 3. Date<br>16-September-1967            |   |  |  |
| 4. Are you the corresponding author?  |  | Yes ✓ No   | Corresponding Author's Name Ciara Mahon |   |  |  |
| 5. Manuscript Title   |  |  |   |   |  |  |
| 6. Manuscript Iden  | Association of individual aortic leaflet calcification on paravalvular regurgitation and conduction abnormalities with self- 6. Manuscript Identifying Number (if you know it) |  |   |   |  |  |
| Section 2.  | The Work Under Co  | onsideration for Publi                               | 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  No |  |  |   |   |  |  |
| Section 3.  | Relevant financial   | activities outside the                               | submitted work.                         |   |  |  |
| of compensation clicking the "Add   | ) with entities as descri  | bed in the instructions. Uport relationships that we |   | ionships (regardless of amount<br>d as many lines as you need by<br>Inths prior to publication. |  |  |
| Section 4.  | Intellectual Proper  | ty Patents & Copyri                                  | ahts                                    |   |  |  |
| Do you have any   |  |  | roadly relevant to the work?            | ☐ Yes 📝 No  |  |  |

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| Section 5. Relationships not covered above   |
|--|
| 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?  |
| Yes, the following relationships/conditions/circumstances are present (explain below):   |
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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. Mirsadraee has nothing to disclose.  |

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