

ICMJE DISCLOSURE FORM

Date: Jun. 15th, 2021

Your Name: Krisztina Tóth MD

Manuscript Title: Preoperative nutritional state is associated with mid- an long-term mortality after cardiac surgery

Manuscript number (if known): APM-21-1015-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/06/2021
 Your Name: Dr. ANDRAS SZABO
 Manuscript Title: Preoperative nutritional state is associated with mid- and long-term mortality
 Manuscript number (if known): APM-21-1015-CL after cardiac surgery

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Salim A. Alami

ICMJE DISCLOSURE FORM

Date: Jun. 15th, 2021

Your Name: Ádám Nagy MD

Manuscript Title: Preoperative nutritional state is associated with mid- an long-term mortality after cardiac surgery

Manuscript number (if known): APM-21-1015-CL

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ICMJE DISCLOSURE FORM

Date: 10-06-2021
 Your Name: DR. DOMINIKA SZABO
 Manuscript Title: PREOPERATIVE NUTRITIONAL STATE IS ASSOCIATED WITH MID- AND LONG-TERM MORTALITY AFTER
 Manuscript number (if known): APM | 21 | 1015 | CL CARDIAC SURGERY

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ICMJE DISCLOSURE FORM

Date: 2021.06.07.

Your Name: Balázs Szécsi MD

Manuscript Title: Preoperative nutritional state is associated with mid- and long-term mortality after cardiac surgery

Manuscript number (if known): AMP-21-1015-CL

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ICMJE DISCLOSURE FORM

Date: 2021.06.13.

Your Name: dr. Eke Csaba

Manuscript Title: Preoperative nutritional state is associated with mid- and long-term mortality after cardiac surgery

Manuscript number (if known): AMP-21-1015-CL

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ICMJE DISCLOSURE FORM

Date: Jun. 12th, 2021

Your Name: Ágnes Sándor MD

Manuscript Title: Preoperative nutritional state is associated with mid- an long-term mortality after cardiac surgery

Manuscript number (if known): APM-21-1015-CL

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ICMJE DISCLOSURE FORM

Date: Jun. 12th, 2021

Your Name: Éva Susánszky MD

Manuscript Title: Preoperative nutritional state is associated with mid- an long-term mortality after cardiac surgery

Manuscript number (if known): APM-21-1015-CL

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ICMJE DISCLOSURE FORM

Date: 9.6.2021.

Your Name: Dr. Enikő Holndonner-Kirst

Manuscript Title: Preoperative nutritional state is associated with mid- and long-term mortality after cardiac surgery

Manuscript number (if known): AMP-21-1015-CL

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ICMJE DISCLOSURE FORM

Date: Jun. 17th, 2021

Your Name: Béla Merkely MD, PhD, DSc

Manuscript Title: Preoperative nutritional state is associated with mid- an long-term mortality after cardiac surgery

Manuscript number (if known): APM-21-1015-CL

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ICMJE DISCLOSURE FORM

Date: 7th June, 2021

Your Name: Prof. Dr. János GÁL

Manuscript Title: Preoperative nutritional state is associated with mid- and long-term mortality after cardiac surgery

Manuscript number (if known): APM-21-1015-CL

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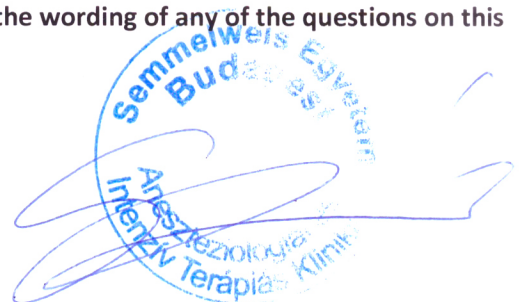
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8	Patents planned, issued or pending	___ None	
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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.



ICMJE DISCLOSURE FORM

Date: Jun. 17th, 2021

Your Name: Andrea Székely MD, PhD, DEAA

Manuscript Title: Preoperative nutritional state is associated with mid- an long-term mortality after cardiac surgery

Manuscript number (if known): APM-21-1015-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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