| Date:                         | 3/9/2022                                     |
|-------------------------------|--|
| Your Name:                    | Larry Ray Hromalik Jr.                       |
| Manuscript Title:             | Penetrate Cardiac Trauma: A Narrative Review |
| Manuscript Number (if known): | Click or tap here to enter text.             |

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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| 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. | Time frame: Since the initial planning  None   | g of the work  Click the tab key to add additional rows.                            |
|   |   | Time frame: past 36 mont   | hs  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None   |   |
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| 4  | Consulting fees  | None   |   |
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| 6  | Payment for expert testimony   | ■ None   |   |
| 7  | Support for attending meetings and/or travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | ■ None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

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| 11     | Stock or stock<br>options  | None   |   |
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| 13     | Other financial or<br>non-financial<br>interests                                 | None   |   |
| Plea 🖂 | -  | t to the following statement to indicate your agreeme<br>answered every question and have not altered the wo |   |

Date: May 5, 2022

Your Name: Matthew J. Wall, Jr., M.D.

Manuscript Title: Penetrating Cardiac Trauma: A Narrative Review

Manuscript number (if known):

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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. | Time frame: Since the initial  X None  | planning of the work  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: past X None  | 36 months   |
| 3 | Royalties or licenses   | X_None   |   |
| 4 | Consulting fees   | X_None   |   |

| 5  | Payment or honoraria for lectures, presentations,                | XNone         |                |  |
|----|--|---------------|----------------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |               |                |  |
| 6  | Payment for expert   | XNone         |                |  |
|    | testimony  |               |                |  |
| -  | C 1 C 11 E   | V N           |                |  |
| 7  | Support for attending meetings and/or travel                     | X_None        |                |  |
|    |  |               |                |  |
| 0  | Determination and income and                                     | V. Nana       |                |  |
| 8  | Patents planned, issued or pending                               | <u>X</u> None |                |  |
| 0  | Dankinin akina ana Daka  | V Nana        |                |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or            | X_None        |                |  |
|    | Advisory Board   |               |                |  |
| 10 | Leadership or fiduciary role in other board, society,            | _XNone        |                |  |
|    | committee or advocacy  |               |                |  |
|    | group, paid or unpaid  |               |                |  |
| 11 | Stock or stock options   | X_None        |                |  |
|    |  |               |                |  |
| 12 | Receipt of equipment,  | X None        |                |  |
|    | materials, drugs, medical  |               |                |  |
|    | writing, gifts or other  |               |                |  |
|    | services   |               |                |  |
| 13 | services Other financial or non-                                 | X_None        |                |  |
| 13 |  | X_None        |                |  |
| 13 | Other financial or non-  | X_None        |                |  |
|    | Other financial or non-  |               | following box: |  |
|    | Other financial or non-<br>financial interests                   |               | following box: |  |
|    | Other financial or non-<br>financial interests                   |               | following box: |  |
|    | Other financial or non-<br>financial interests                   |               | following box: |  |
|    | Other financial or non-<br>financial interests                   |               | following box: |  |

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: May 5, 2022

Your Name: Kenneth L. Mattox, M.D.

Manuscript Title: Penetrating Cardiac Trauma: A Narrative Review

Manuscript number (if known):

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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. | <u>X</u> None  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | X_None   |   |
| 3 | Royalties or licenses   | X_None   |   |
| 4 | Consulting fees   | X_None   |   |

| 5  | Payment or honoraria for lectures, presentations,                | XNone         |                |  |
|----|--|---------------|----------------|--|
|    | speakers bureaus,<br>manuscript writing or<br>educational events |               |                |  |
| 6  | Payment for expert   | XNone         |                |  |
|    | testimony  |               |                |  |
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| 7  | Support for attending meetings and/or travel                     | X_None        |                |  |
|    |  |               |                |  |
| 0  | Determination and income and                                     | V. Nana       |                |  |
| 8  | Patents planned, issued or pending                               | <u>X</u> None |                |  |
| 0  | Dankinin akina ana Daka  | V Nana        |                |  |
| 9  | Participation on a Data<br>Safety Monitoring Board or            | X_None        |                |  |
|    | Advisory Board   |               |                |  |
| 10 | Leadership or fiduciary role in other board, society,            | _XNone        |                |  |
|    | committee or advocacy  |               |                |  |
|    | group, paid or unpaid  |               |                |  |
| 11 | Stock or stock options   | X_None        |                |  |
|    |  |               |                |  |
| 12 | Receipt of equipment,  | X None        |                |  |
|    | materials, drugs, medical  |               |                |  |
|    | writing, gifts or other  |               |                |  |
|    | services   |               |                |  |
| 13 | services Other financial or non-                                 | X_None        |                |  |
| 13 |  | X_None        |                |  |
| 13 | Other financial or non-  | X_None        |                |  |
|    | Other financial or non-  |               | following box: |  |
|    | Other financial or non-<br>financial interests                   |               | following box: |  |
|    | Other financial or non-<br>financial interests                   |               | following box: |  |
|    | Other financial or non-<br>financial interests                   |               | following box: |  |
|    | Other financial or non-<br>financial interests                   |               | following box: |  |

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

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| Date: May ob, 2022                                       |           |
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|  | D . Navi  |
| Manuscript Title: Penetrating Cardiac Trauma: A Namative | (Ceuri es |
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|---|---|--|---|
|   |   | Time frame: Since the initi  | al planning of the work   |
| 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. | None   |   |
|   |   | Time frame: pas  | t 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None   |   |
| 3 | Royalties or licenses   | None   |   |
| 4 | Consulting fees   | None   |   |

| 5  | Payment or honoraria for                     | None  |  |
|----|--|-------|--|
|    | lectures, presentations,                     |       | A STATE OF THE PARTY OF THE PAR |
|    | speakers bureaus,                            |       |  |
|    | manuscript writing or                        |       |  |
|    | educational events                           |       |  |
| 6  | Payment for expert                           | None  |  |
|    | testimony                                    |       | 1  |
|    |  |       |  |
| 7  | Support for attending                        | None  |  |
|    | meetings and/or travel                       |       |  |
|    |  |       |  |
|    |  |       |  |
|    |  |       |  |
| 8  | Patents planned, issued or                   | None  | 200 TARE R MARKETER " 1 SH D R N 177-11 RIMINE 14910   |
| 0  | pending                                      | None  |  |
|    | pending                                      |       |  |
| 0  | Double and Dota                              | None  |  |
| 9  | Participation on a Data                      | None  |  |
| 무슨 | Safety Monitoring Board or<br>Advisory Board |       |  |
| 10 |  | / N   |  |
| 10 | Leadership or fiduciary role                 | None  |  |
|    | in other board, society,                     |       |  |
|    | committee or advocacy                        |       |  |
| 11 | group, paid or unpaid                        | Alama | 12 THE RESERVE OF THE |
| 11 | Stock or stock options                       | None  |  |
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| 10 | WEIGHT PRESENT ALL CALLES AND                | None  | ika katang Malakana ing palakana na mangana katang manakana katang manakana na manakana manakana manakana mana   |
| 12 | Receipt of equipment,                        | None  |  |
|    | materials, drugs, medical                    |       |  |
|    | writing, gifts or other                      |       |  |
| 12 | services Other financial or non-             | None  | The second secon |
| 13 | financial interests                          | None  |  |
|    | financial interests                          |       |  |
|    |  |       |  |

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

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