Date: <u>4/8/2021</u>	
Your Name:	Martin T Yates
Manuscript Title	: Decision Making of a Specialist Aortovascular Multidisciplinary Team Meeting
Manuscript num	ber (if known): ASJ-21-47-CL

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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
		Time frame: past	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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

None

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

Date: <u>4/8/2021</u>	
Your Name: Ana Lopez Marco	
Manuscript Title: Decision Making of a Specialist Aortovascular Multidisciplinary Team Meeting	
Manuscript number (if known): ASJ-21-47-CL	

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13	Other financial or non- financial interests	None	

None

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Date: <u>4/8/2021</u>	
Your Name:	Michelle Lee
Manuscript Title	: Decision Making of a Specialist Aortovascular Multidisciplinary Team Meeting
Manuscript num	iber (if known): ASJ-21-47-CL

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

Date: <u>4/8/2021</u>	
Your Name: Be	enjamin Adams
Manuscript Title:	Decision Making of a Specialist Aortovascular Multidisciplinary Team Meeting
Manuscript numbe	er (if known): ASJ-21-47-CL

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None

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

Date: <u>4/8/2021</u>	
Your Name: John Yap	
Manuscript Title: Decision Making of a Specialist Aortovascular Multidisciplinary Team Meetin	3
Manuscript number (if known): ASJ-21-47-CL	

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13	Other financial or non- financial interests	None	

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

Date: <u>4/8/2021</u>	
Your Name:	Rakesh Uppal
Manuscript Title	: Decision Making of a Specialist Aortovascular Multidisciplinary Team Meeting
Manuscript num	ber (if known): ASJ-21-47-CL

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13	Other financial or non- financial interests	None	

None

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

Date: 4/8/2021	
Your Name:	Aung Oo
Manuscript Title	: Decision Making of a Specialist Aortovascular Multidisciplinary Team Meeting
Manuscript num	iber (if known): ASJ-21-47-CL

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