

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

KYRIAKOS

2. Surname (Last Name)

ANASTASIADIS

3. Date

09-July-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

POLYCHRONIS ANTONITSIS

5. Manuscript Title

From less invasive to minimal invasive extracorporeal circulation

6. Manuscript Identifying Number (if you know it)

JTD-2020-MICS-08(JTD-20-1830)

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Dr. ANASTASIADIS has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
POLYCHRONIS

2. Surname (Last Name)
ANTONITSIS

3. Date
09-July-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
From less invasive to minimal invasive extracorporeal circulation

6. Manuscript Identifying Number (if you know it)
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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Dr. ANTONITSIS has nothing to disclose.

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1. Given Name (First Name)
APOSTOLOS

2. Surname (Last Name)
DELIOPOULOS

3. Date
09-July-2020

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☐ Yes ☒ No

Corresponding Author's Name
POLYCHRONIS ANTONITSIS

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HELENA

2. Surname (Last Name)

ARGIRIADOU

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