

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Mohamed

2. Surname (Last Name)  
Salem

3. Date  
28-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Is total arch replacement associated with an increased risk after acute Type A Dissection?

6. Manuscript Identifying Number (if you know it)  
JTD-20-871

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Dr. Salem has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Christine

2. Surname (Last Name)

Friedrich

3. Date

28-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Dr. med. Mohamed Salem

5. Manuscript Title

Is total arch replacement associated with an increased risk after acute Type A Dissection?

6. Manuscript Identifying Number (if you know it)

JTD-20-871

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1. Given Name (First Name)

Rene

2. Surname (Last Name)

Rusch

3. Date

28-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Dr. med. Mohamed Salem

5. Manuscript Title

Is total arch replacement associated with an increased risk after acute Type A Dissection?

6. Manuscript Identifying Number (if you know it)

JTD-20-871

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No



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Dr. Rusch has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Derk

2. Surname (Last Name)

Frank

3. Date

28-July-2020

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Yes  No

Corresponding Author's Name

Dr. med. Mohamed Salem

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

JTD-20-871

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Grischa

2. Surname (Last Name)

Hoffmann

3. Date

28-July-2020

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Yes  No

Corresponding Author's Name

Dr. med. Mohamed Salem

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Georg

2. Surname (Last Name)

Lutter

3. Date

28-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Dr. med. Mohamed Salem

5. Manuscript Title

Is total arch replacement associated with an increased risk after acute Type A Dissection?

6. Manuscript Identifying Number (if you know it)

JTD-20-871

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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

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Are there any relevant conflicts of interest?

Yes

No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Lutter has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Rouven

2. Surname (Last Name)

Berndt

3. Date

28-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Dr. med. Mohamed Salem

5. Manuscript Title

Is total arch replacement associated with an increased risk after acute Type A Dissection?

6. Manuscript Identifying Number (if you know it)

JTD-20-871

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Dr. Berndt has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jochen	2. Surname (Last Name) Cremer	3. Date 28-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. med. Mohamed Salem
5. Manuscript Title Is total arch replacement associated with an increased risk after acute Type A Dissection?		
6. Manuscript Identifying Number (if you know it) JTD-20-871		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Assad

2. Surname (Last Name)

Haneya

3. Date

28-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Dr. med. Mohamed Salem

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

JTD-20-871

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Dr. Haneya has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Puehler

3. Date

28-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Dr. med. Mohamed Salem

5. Manuscript Title

Is total arch replacement associated with an increased risk after acute Type A Dissection?

6. Manuscript Identifying Number (if you know it)

JTD-20-871

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