

## 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)

Jun Ho

2. Surname (Last Name)

Lee

3. Date

26-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Yang Hyun Cho

5. Manuscript Title

Use of Durable Left Ventricular Assist Devices for High-Risk Patients: Korean Experience before Insurance Coverage

6. Manuscript Identifying Number (if you know it)

JTD-20-1429-R1

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Dr. Lee has nothing to disclose.Dr. Lee has nothing to disclose.

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1. Given Name (First Name)

Ilkun

2. Surname (Last Name)

Park

3. Date

26-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Yang Hyun Cho

5. Manuscript Title

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1. Given Name (First Name) Heemoon	2. Surname (Last Name) Lee	3. Date 26-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yang Hyun Cho
5. Manuscript Title Use of Durable Left Ventricular Assist Devices for High-Risk Patients: Korean Experience before Insurance Coverage		
6. Manuscript Identifying Number (if you know it) JTD-20-1429-R1		

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Kiick

2. Surname (Last Name)

Sung

3. Date

26-July-2020

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Yes

No

Corresponding Author's Name

Yang Hyun Cho

5. Manuscript Title

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Young Tak

2. Surname (Last Name)

Lee

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Darae

2. Surname (Last Name)

Kim

3. Date

26-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Yang Hyun Cho

5. Manuscript Title

Use of Durable Left Ventricular Assist Devices for High-Risk Patients: Korean Experience before Insurance Coverage

6. Manuscript Identifying Number (if you know it)

JTD-20-1429-R1

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Kim 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) Jeong Hoon	2. Surname (Last Name) Yang	3. Date 26-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yang Hyun Cho
5. Manuscript Title Use of Durable Left Ventricular Assist Devices for High-Risk Patients: Korean Experience before Insurance Coverage		
6. Manuscript Identifying Number (if you know it) JTD-20-1429-R1		

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

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Yang 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)

Jin-Oh

2. Surname (Last Name)

Choi

3. Date

26-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Yang Hyun Cho

5. Manuscript Title

Use of Durable Left Ventricular Assist Devices for High-Risk Patients: Korean Experience before Insurance Coverage

6. Manuscript Identifying Number (if you know it)

JTD-20-1429-R1

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Dr. Choi 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)

Eun-Seok

2. Surname (Last Name)

Jeon

3. Date

26-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Yang Hyun Cho

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Jeon has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Yang Hyun

2. Surname (Last Name)

Cho

3. Date

26-July-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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