

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ABAZID 1



Section 1. Identifyin	g Information		
1. Given Name (First Name) RAMI	2. Surname (Last Name) ABAZID		3. Date 03-November-2020
4. Are you the corresponding aut	hor? Yes No		
5. Manuscript Title Hiatal Hernia After Robotic-As	sisted Coronary Artery Bypass Graft Su	rgery	
6. Manuscript Identifying Numbe	er (if you know it)		
Section 2. The Work			
Did you or your institution at any	Under Consideration for Publicat time receive payment or services from a ti (including but not limited to grants, data)	nird party (governme	nt, commercial, private foundation, etc.) for idy design, manuscript preparation,
Are there any relevant conflict	s of interest? Yes No		
If yes, please fill out the appro Excess rows can be removed by	•	nore than one entit	ry press the "ADD" button to add a row.
Name of Institution/Compan	y Grant? Personal Non-F	inancial other?	Comments
The Lawson Research Institute, Lonc Ontario, Canada	don,		
Section 3. Relevant fi	nancial activities outside the sub	mitted work.	
of compensation) with entities clicking the "Add +" box. You	s as described in the instructions. Use on the control of the cont	ne line for each en	•
Are there any relevant conflict	s of interest?		
Section 4. Intellectua	l Property Patents & Copyright	:s	
	ther planned, pending or issued, broad		work? Yes 🗸 No

ABAZID 2



Section 5. Polationships not severed above
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Dr. ABAZID reports other from The Lawson Research Institute, London, Ontario, Canada , during the conduct of the study; .

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Khatami 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fii Alireza	rst Name)	2. Surnam Khatami	ne (Last Name)		3. Date 10-November-2020
4. Are you the cor	orresponding author? Yes V		Corresponding Author's Nar Rami Abazid	me	
5. Manuscript Title Hiatal Hernia Aft	er Robotic-Assisted Co	ronary Arte	ry Bypass Graft	Surgery	
6. Manuscript Ider	ntifying Number (if you kn	now it)		_	
Costion 2					
Section 2.	The Work Under Co	onsiderat	ion for Publi	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not lim		a third party (government, coi ta monitoring board, study de	mmercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities	outside the s	submitted work	
of compensation clicking the "Add	the appropriate boxes i) with entities as descri	n the table bed in the port relation	to indicate wh	ether you have financial rela se one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Duamen	tu. Data	nte 9. Comunic	ula to	
	Intellectual Proper	ty Pate	nts & Copyri	jnts –	
Do you have any	patents, whether plan	ned, pendi	ng or issued, br	oadly relevant to the work?	Yes 🗸 No

Khatami 2



Section 5.						
	Relationships not covered above					
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?					
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Dr. Khatami has	nothing to disclose.					

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Romsa 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Jonathan	2. Surname (Last Name) Romsa		3. Date 10-November-2020		
4. Are you the corresponding author?	re you the corresponding author? Yes V No		Corresponding Author's Name Rami Abazid		
5. Manuscript Title Hiatal Hernia After Robotic-Assisted Co	ronary Artery Bypass Graft	Surgery			
6. Manuscript Identifying Number (if you kr JTD-20-2557	now it)	_			
Section 2. The Work Under C					
The Work Under C	onsideration for Public	cation			
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intered If yes, please fill out the appropriate info	s but not limited to grants, dates: Pest? Yes No Dormation below. If you have	ta monitoring board, s	nent, commercial, private foundation, etc.) for tudy design, manuscript preparation, etc.) tity press the "ADD" button to add a row.		
Excess rows can be removed by pressin	g the "X" button.				
Name of Institution/Company	Grant	n-Financial upport?	Comments		
Lawson Research Institute, London, Ontario, Canada			This is the London Health Sciences Centre's research institute. Technically speaking their services help support our research.		
Section 3. Relevant financial	activities outside the s	submitted work.			
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should reached there any relevant conflicts of interest.	bed in the instructions. Us port relationships that wer	se one line for each e	ntity; add as many lines as you need by		
Are there any relevant connicts of intere	±201:				
Section 4. Intellectual Proper	ty Patents & Copyric	ghts			
Do you have any patents, whether plan			e work? ☐ Yes ✓ No		

Romsa 2



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Dr. Romsa reports other from Lawson Research Institute, London, Ontario, Canada , during the conduct of the study; .

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Warrington 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi James	rst Name)	2. Surname (Last Nam Warrington	3. Date 12-November-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Rami Abazid
5. Manuscript Title Hiatal Hernia Aft	e er Robotic-Assisted Col	ronary Artery Bypass G	Graft Surgery
6. Manuscript Idei JTD-20-2557	ntifying Number (if you kr	now it)	
Section 2.			
Section 2.	The Work Under Co	onsideration for Pu	ıblication
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grant	from a third party (government, commercial, private foundation, etc.) for ts, data monitoring board, study design, manuscript preparation,
If yes, please fill o		ormation below. If you	have more than one entity press the "ADD" button to add a row.
Name of Institut			Non-Financial Other? Comments
he Lawson Research Ontario, Canada	Institute, London,		Lawson Research Institute Support For Clinical Fellow Salary
	I		
Section 3.	Relevant financial	activities outside t	he submitted work.
of compensation	ı) with entities as descri	bed in the instruction	e whether you have financial relationships (regardless of amount s. Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication .
Are there any rel	evant conflicts of intere	est? Yes ✓ N	No
	ı		
Section 4.	Intellectual Proper	ty Patents & Cop	yrights
Do you have any	patents, whether plan	ned, pending or issued	d, broadly relevant to the work? Yes Vo

Warrington 2



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Dr. Warrington reports other from the Lawson Research Institute, London, Ontario, Canada , during the conduct of the study; .

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1

administrative support, etc.



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of compensation clicking the "Add	n) with entities as descri	ibed in the i port relatior	nstructions. Us	se one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.	
	ı					
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Do you have any	patents, whether plan	ned, pendir	ng or issued, br	oadly relevant to the work?	Yes 🗸 No	

AKINCIOGLU 2



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Dr. AKINCIOGLU has nothing to disclose.

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STODILKA 1



Section 1.	dentifying Informat	tion				
1. Given Name (First l ROBERT	•	2. Surname (Last Nar STODILKA	ne)	3. Date 19-November-2020		
4. Are you the corresp	oonding author?	Yes 🗸 No	Corresponding Author's Nar Rami Abazid	Corresponding Author's Name Rami Abazid		
5. Manuscript Title Hiatal Hernia After I	Robotic-Assisted Coror	nary Artery Bypass	Graft Surgery			
6. Manuscript Identify JTD-20-2557	ying Number (if you knov	w it)				
Section 2. The Work Under Consideration for Publication						
any aspect of the subs statistical analysis, etc	mitted work (including bu	ut not limited to grar	its, data monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,		
Section 3.	elevant financial ac	tivities outside	the submitted work.			
Place a check in the of compensation) w clicking the "Add +"	appropriate boxes in t vith entities as describe	the table to indicated in the instruction rt relationships tha	e whether you have financial relans. Use one line for each entity; at were present during the 36 m	ationships (regardless of amount add as many lines as you need by nonths prior to publication.		
Section 4.	itellectual Property	v Patents & Co	ovrights			
			ed, broadly relevant to the work?	Yes 🗸 No		

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Dr. STODILKA has nothing to disclose.

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Fox 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Stephanie		2. Surname (Last Name) Fox		3. Date 12-November-2020
4. Are you the corresponding author?		Yes No	Corresponding Author's Nar Rami Abazid	me
5. Manuscript Title Hiatal Hernia After Robotic-Assisted Coronary Artery Bypass Graft Surgery				
6. Manuscript Identifying Number (if you know it) JTD-20-2557				
Section 2.	The Work Under Co	onsideration for Publ	ication	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, c	n a third party (government, coi lata monitoring board, study de	mmercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Polovant financial	activities outside the	culamittad work	
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Section 4.	Intellectual Proper	rty Patents & Copyr	ights	
Do you have any			oroadly relevant to the work?	Yes No

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	Relationships not covered above			
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Section 6.	Disclosure Statement			
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Kiaii 1



Section 1. Identifying Inform	mation				
1. Given Name (First Name) Bob	2. Surname (Last Name) Kiaii	3. Date 10-November-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Rami Abazid			
5. Manuscript Title Hiatal Hernia After Robotic-Assisted Coronary Artery Bypass Graft Surgery					
6. Manuscript Identifying Number (if you know it) JTD-20-2557					
Section 2. The Work Under 0	Consideration for Public	cation			
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Are there any relevant conflicts of inte					
If yes, please fill out the appropriate in Excess rows can be removed by pressi	•	ve more than one entity press the "ADD" button to add a row.			
Name of Institution/Company	Grant	on-Financial Other? Comments			
Lawson Research Institute, London, Ontario, Canada					
Section 3. Relevant financia	l activities outside the s	submitted work.			
of compensation) with entities as desc	ribed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.			
Are there any relevant conflicts of inte	rest? Yes No				
Section 4. Intellectual Prope	erty Patents & Copyric	ghts			
Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes V No			

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Relationships not covered above				
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Dr. Kiaii reports other from Lawson Research Institute, London, Ontario, Canada , during the conduct of the study; .				

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Section 1. Identifying	Information				
1. Given Name (First Name) William	2. Surname (Last Name) Vezina	3. Date 10-Nove	ember-2020		
4. Are you the corresponding author	or? Yes 🗸 No	Corresponding Author's Name Rami Abazid			
5. Manuscript Title Hiatal Hernia After Robotic-Assisted Coronary Artery Bypass Graft Surgery					
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Section 2. The Work Ur	nder Consideration for Public	ation			
		a third party (government, commercial, a monitoring board, study design, man			
Are there any relevant conflicts of	of interest? ✓ Yes No				
If yes, please fill out the appropr Excess rows can be removed by		e more than one entity press the "Al	DD" button to add a row.		
Name of Institution/Company	Grant? Personal Non	-Financial Other? Comments			
Lawson Research Institute, London, Or Canada	ntario,	Clinical Fellow S	upport		
Section 3. Relevant fin	ancial activities outside the s	ubmitted work.			
of compensation) with entities a	s described in the instructions. Us	ther you have financial relationship e one line for each entity; add as ma e present during the 36 months p i	ny lines as you need by		
Are there any relevant conflicts of	of interest? Yes Vo				
Section 4. Intellectual	Property Patents & Copyrig	hts			
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