

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
RAMI

2. Surname (Last Name)
ABAZID

3. Date
03-November-2020

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

5. Manuscript Title
Hiatal Hernia After Robotic-Assisted Coronary Artery Bypass Graft Surgery

6. Manuscript Identifying Number (if you know it)
JTD-20-2557-R1

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The Lawson Research Institute, London, Ontario, Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Dr. ABAZID reports other from The Lawson Research Institute, London, Ontario, Canada
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Alireza

2. Surname (Last Name)

Khatami

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

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Dr. Khatami has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Jonathan	2. Surname (Last Name) Romsa	3. Date 10-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		

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Lawson Research Institute, London, Ontario, Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is the London Health Sciences Centre's research institute. Technically speaking their services help support our research.

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Dr. Romsa reports other from Lawson Research Institute, London, Ontario, Canada
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Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Warrington	3. Date 12-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rami Abazid
5. Manuscript Title Hiatal Hernia After Robotic-Assisted Coronary Artery Bypass Graft Surgery		
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the Lawson Research Institute, London, Ontario, Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lawson Research Institute Support For Clinical Fellow Salary

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Section 1. Identifying Information

1. Given Name (First Name)
CIGDEM

2. Surname (Last Name)
AKINCIOGLU

3. Date
10-November-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Rami Abazid

5. Manuscript Title
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Dr. AKINCIOGLU 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)
ROBERT

2. Surname (Last Name)
STODILKA

3. Date
19-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 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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. STODILKA has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 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 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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Section 6. Disclosure Statement

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Dr. Fox has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bob	2. Surname (Last Name) Kiaii	3. Date 10-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Lawson Research Institute, London, Ontario, Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) William	2. Surname (Last Name) Vezina	3. Date 10-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rami Abazid
5. Manuscript Title Hiatal Hernia After Robotic-Assisted Coronary Artery Bypass Graft Surgery		
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Dr. Vezina reports other from Lawson Research Institute, London, Ontario, Canada
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