



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) Byungjoon	2. Surname (Last Name) Park	3. Date 29-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pyo Won Park
5. Manuscript Title Reappraisal of mechanical tricuspid valve replacement in the current era: a single center retrospective study		
6. Manuscript Identifying Number (if you know it) JTD-20-3027-R1		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Park has nothing to disclose.

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1. Given Name (First Name) Dong Seop	2. Surname (Last Name) Jeong	3. Date 29-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pyo Won Park
5. Manuscript Title Reappraisal of mechanical tricuspid valve replacement in the current era: a single center retrospective study		
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Dr. Jeong has nothing to disclose.

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1. Given Name (First Name) Wook Sung	2. Surname (Last Name) Kim	3. Date 29-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pyo Won Park	
5. Manuscript Title Reappraisal of mechanical tricuspid valve replacement in the current era: a single center retrospective study		
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Pyo Won

2. Surname (Last Name)
Park

3. Date
29-December-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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