

ICMJE DISCLOSURE FORM

7/2/2021

Date:

Your Name: Jeff shuhaiber

Manuscript Title: Combined Endoscopic Repair of the Mitral and Tricuspid valve

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
--	--	---

- 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) _____None
No time limit for this item.

Time frame: past 36 months

- 2 Grants or contracts from _____None
any entity (if not indicated in item #1 above).

- 3 Royalties or licenses _____None

- 4 Consulting fees _____None

5 Payment or honoraria for _____None
lectures, presentations,
speakers bureaus,
manuscript writing or
educational events

6 Payment for expert _____None
testimony

7 Support for attending _____None
meetings and/or travel

8 Patents planned, issued or _____None
pending

9 Participation on a Data _____None
Safety Monitoring Board
or Advisory Board

10 Leadership or fiduciary _____None
role in other board,
society, committee or
advocacy group, paid or
unpaid

11 Stock or stock options _____None

12 Receipt of equipment, _____None
materials, drugs, medical
writing, gifts or other
services

13 Other financial or non- _____None
financial interests

Please summarize the above conflict of interest in the following box:

None to all the above



Please place an “X” next to the following statement to indicate your agreement:

☒ **I certify that I have answered every question and have not altered the wording of any of the questions on this form.**