

## ICMJE DISCLOSURE FORM

**Date:** 9/8/2021

**Your Name:** Dr Wong Ka Lam

**Manuscript Title:** Emerging Roles of Left Ventricular Assist Device Therapy as Bridge to Transplant in an Asian City with Scarce Heart Transplant Donor

**Manuscript Number (if known):** JTD-21-298-CL

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.

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

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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.

## ICMJE DISCLOSURE FORM

**Date:** 9/8/2021

**Your Name:** Dr Inderjeet Bhatia

**Manuscript Title:** Emerging Roles of Left Ventricular Assist Device Therapy as Bridge to Transplant in an Asian City with Scarce Heart Transplant Donor

**Manuscript Number (if known):** JTD-21-298-CL

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## ICMJE DISCLOSURE FORM

**Date:** 9/8/2021

**Your Name:** Tam Wai Ying Eva

**Manuscript Title:** Emerging Roles of Left Ventricular Assist Device Therapy as Bridge to Transplant in an Asian City with Scarce Heart Transplant Donor

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## ICMJE DISCLOSURE FORM

**Date:** 9/8/2021

**Your Name:** Dr Fan Yue Yan Katherine

**Manuscript Title:** Emerging Roles of Left Ventricular Assist Device Therapy as Bridge to Transplant in an Asian City with Scarce Heart Transplant Donor

**Manuscript Number (if known):** JTD-21-298-CL

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## ICMJE DISCLOSURE FORM

**Date:** 9/8/2021

**Your Name:** Dr Au Wing Kuk Timmy

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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.