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		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)
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		Time frame: past	36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
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5	Payment or honoraria for	X None	
	lectures, presentations,		
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O	testimony	XNone	
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7	Support for attending	X None	
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8	Patents planned, issued or	X None	
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9	Participation on a Data	X None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	_ X None	
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11	Stock or stock options	X None	
	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
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Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
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Mar	nuscript Title: Long-1	term outcomes after coron	ary artery bypass graft with or without surgical ventricular
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You	r Name:Sh	i-Hua Zhao	
Mar	nuscript Title: Long-1	term outcomes after coron	ary artery bypass graft with or without surgical ventricular
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Yo	ur Name:Ha	n-Song Sun	
Ma	anuscript Title: Long-t	erm outcomes after coron	ary artery bypass graft with or without surgical ventricular
re	construction in patients with	n severe left ventricular dy	sfunction
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		relationship or indicate	institution)
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