ICMJE DISCLOSURE FORM

Date: February 14, 2023___

Name:_Paulo Roberto Babosa_Evora

Manuscript Title:_

Mitral valve systemic vascular resistance index (SVRI) in cardiac surgery should be one more enigma.

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		needed)			
	Time frame: Since the initial planning of the work				
1	All support for the present	XNone			
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	No time limit for this item.				
	Time frame: past 36 months				
2	Grants or contracts from	XNone			
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4	Consulting fees	_ XNone	
5	Payment or honoraria for	XNone	
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6	Payment for expert	X None	
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9	Participation on a Data	X None	
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10	Leadership or fiduciary role	X_None	
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11	group, paid or unpaid	V Nono	
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
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13	Other financial or non- financial interests	X_None	

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

None

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

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