Date:_____9-2-23______ Your Name:_Anne Willers______

Manuscript Title:______JD-22-1307 "The utility of Extracorporeal Life Support in thoracic emergencies: a narrative review of current evidence"_____

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

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>

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The author's relationships/activities/interests should be <u>defined</u> <u>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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
	Ti	me frame: Since the initia	l planning of the work
1	All support for the	_X_None	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	_X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	

4	Consulting fees	_X_None	
5	Payment or honoraria for	_X_None	
	lectures, presentations, speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	_X_None	
	testimony		
_			
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	_X_None	
9 Participation on a Data Safety Monitoring Board			
	or Advisory Board		
10	Leadership or fiduciary	X None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	_X_None	
12	Receipt of equipment,	_X_None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	_X_None	
	financial interests		

No conflict of interest

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.

HAO.

Anne Willers

Date:_ 09/02/2023 Your Name: Silvia Mariani Manuscript Title: "The utility of Extracorporeal Life Support in thoracic emergencies: a narrative review" Manuscript number (if known): JTD-22-1307

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	× None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
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 meetings and/or travel	_×None	
8	Patents planned, issued or	×None	
	pending		
9	Participation on a Data	×None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	×None	
	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		

No conflict of interest

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

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Date:	March 14, 2023
Your Name:	Prof. J. G. Maessen
Manuscript Title:	JTD-22-1307 "The utility of Extracorporeal Life Support
Manuscript number (if known):	in thoracic emergencies: a narrative review"

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	T	Time frame: Since the initial	planning of the work
1	All support for the present	_XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non- financial interests	None 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.

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Date:	March 14, 2023
Your Name:	Prof. Dr. Roberto Lorusso
Manuscript Title:	JTD-22-1307 "The utility of Extracorporeal Life Support
Manuscript number (if known):_	in thoracic emergencies: a narrative review"

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present	<u> </u>	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	_★_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None
7	Support for attending meetings and/or travel	_X_None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	None

R. Lorusso is consultant for Medtronic, LivaNova, Getinge and Abiomed; he is member of the Medical Advisory Board of Eurosets and Xenios.

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.

Myou

Date:	February 9, 2023
Your Name:	Justyna Swol
Manuscript Title:	JTD-22-1307 "The utility of Extracorporeal Life Support
Manuscript number (if known):_	in thoracic emergencies: a narrative review"

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1			
1	All support for the present	X_None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		_ .	
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u> </u>	
4	Consulting fees	_XX_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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