

ICMJE DISCLOSURE FORM

Date: 21st May 2023

Your Name: Park Seyeon

Manuscript Title: Effect of local warming for arterial catheterization in adult cardiac surgery: A randomized controlled trial

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.

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3	Royalties or licenses	<input type="checkbox"/> <u>V</u> <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> <u>V</u> <input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 21st May 2023

Your Name: Kim Hye-Jin

Manuscript Title: Effect of local warming for arterial catheterization in adult cardiac surgery: A randomized controlled trial

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Date: 21st May 2023

Your Name: Yoon Ji-Uk

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