Date:20-07-2023	
Your Name: Xin Jin	
Manuscript Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-cent	er
experience	

Manuscript number (if known): JTD-23-64

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)	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.	X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	_X None	
4	Consulting fees	_X None	

5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or	NNone	
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	ANone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	_XNone	
	arroidi irroi coto		
Plea	ise summarize the above co	nflict of interest in the fo	llowing box:

Date:	_20-07-2023
Your Na	ame: Cedric Vanluyten
Manuso experie	cript Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-center nce
Manus	cript number (if known): JTD-23-64
	nterest of transparency, we ask you to disclose all relationships/activities/interests listed below that are to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
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 testimony	_X_ None	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	V Nege	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	onflict of interest in the following box:	

Date:2	20-07-2023
Your Nam	e: Michaela Orlitová
Manuscri	pt Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-center
experienc	e e

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.

Manuscript number (if known): JTD-23-64

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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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	36 months
3	Royalties or licenses	X None	
4	Consulting fees	_X None	

)	Payment of honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending	X None	
	meetings and/or travel		
	,		
8	Patents planned, issued or	_XNone	
8	pending		
	, periamo		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12			
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	None	
	interior interests		
Plea	ase summarize the above co	onflict of interest in the fol	lowing box:
_			
	lone		

Pate:28/07/2023	
our Name: JAN VAN SLAMBROUCK	
Nanuscript Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe	e: a single-
enter experience	
Nanuscript number (if known): JTD-23-64	

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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 needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	_X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	_X None	

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

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

Date:	_20-07-2023
Your Na	me:Robin Vos
Manusc	ript Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-center
experie	nce

Manuscript number (if known): JTD-23-64

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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	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.	Research Foundation- Flanders (FWO) Time frame: past	Research grant paid to my Institution
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_X None	
4	Consulting fees	X_None	

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

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

Research grant paid by the Research Foundation-Flanders (FWO) to my Institution						

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

Date:	20-07-2023
Your Nan	ne: Geert Verleden
Manuscr	ipt Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-center
experien	ce ce
Manuscr	ipt number (if known): JTD-23-64

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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.	_X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

			•
5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
_	D .::	V	
9	Participation on a Data Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	V Nene	
12	materials, drugs, medical	_XNone	
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the fol	owing box:
N	lone		

Date: 25-7-2023			
Your Name: GODINAS Laurent			
Manuscript Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible	and	safe:	а
single-center experience			
Manuscript number (if known): JTD-23-64			

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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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
L			Time frame: Since the initial	planning of the work
	1	All support for the present manuscript (e.g., funding, provision of study materials,	X None	
		medical writing, article		
		processing charges, etc.) No time limit for this item.		
		No time minit for this item.		
İ			Time frame: past	36 months
Ī	2	Grants or contracts from	_XNone	
		any entity (if not indicated		
L		in item #1 above).		
	3	Royalties or licenses	_XNone	

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

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

Coi	Consultancy fees and travel fees from MSD, Janssen and Biotest					

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 que form.	estions on this

Date:20-07-2023	_
Your Name: Arne P. Neyrinck	
Manuscript Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-cen	ter
experience	
Manuscript number (if known): JTD-23-64	

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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.	_X None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	_X None	Supported by the KU Leuven (C24/18/073)
4	Consulting fees	_XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_X None	
7	Support for attending meetings and/or travel		Xvivo
8	Patents planned, issued or pending	_X None	
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	X None	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X None	
13	Other financial or non- financial interests	_XNone	

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

Grant KU Leuven (C24/18/073) Support for attending meeting and travel: Xvivo	

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

Date:20-07-2023

Your Name: catherine ingels

Manuscript Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a

single-center experience

Manuscript number (if known): JTD-23-64

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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	X_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	PER BEST BARBORS MARTINES	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	_X_None	
	meetings and/or travel		
8	Patents planned, issued or	X _{None}	
0	pending	None	
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services	9	
13	Other financial or non- financial interests	_X_None	
	illianciai iliterests		

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

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

20-07.223

Date:	_20-07-2023
Your Na	me: Bart M. Vanaudenaerde
Manusc	ript Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-center
experie	nce

Manuscript number (if known): JTD-23-64

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	I	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.		
		Time frame: past	36 months
2	Grants or contracts from		
	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	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	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
_			
1	None		

Date:	_20-07-2023
Your Na	me: Paul De Leyn
Manusc	ript Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-cente
experie	nce

Manuscript number (if known): JTD-23-64

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	I	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.		
		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	_XNone	

5	Payment of honorana for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	g ,		
	Detents planned issued an		
8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Dla	ase summarize the above co	anflict of interest in the following	owing hove
PIE	ase summanize the above co	inite of interest in the fon	owing box.
	None		
'	TOTIE		

Date:20-07-20	23
Your Name: Ha	ns Van Veer
Manuscript Title:	Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-center
experience	

Manuscript number (if known): JTD-23-64

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	I	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.		
		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	_XNone	

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	J .		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	V N	
10	in other board, society,	_XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
Γ.			
ľ	None		
- 1			

Payment or honoraria for

None

Date:	_20-07-2023
Your Na	me: Lieven Depypere
Manusc	ript Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-center
experier	nce

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relationship/activity/interest, it is preferable that you do so.

Manuscript number (if known): JTD-23-64

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to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a

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.

		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	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.	_X None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	36 months
3	Royalties or licenses	X None	
4	Consulting fees	_X None	

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

Date:20-07-2023	
Your Name: Yi Zhang	
Manuscript Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-of-	ente

experience

Manuscript number (if known): JTD-23-64

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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.

		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.	_X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_X None	
7	Support for attending meetings and/or travel	_XNone	
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	_X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X None	
13	Other financial or non- financial interests	_XNone	
	ase summarize the above co	nflict of interest in the foll	owing box:
	lone		

5 Payment or honoraria for

_X___None

Da	te:	20 th July 2023	
	ur Name:	Dirk Van Raemdonck	
M	anuscript Title: Off-pump l	ung re-transplantation a	voiding clamshell thoracotomy is feasible and safe:
	gle-center experience		
M	anuscript number (if known)	: JTD-23-64	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content ot necessarily indicate a	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen a bias. If you are in doubt about whether to list lo so.
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
pe to	rtains the epidemiology of hypert	ension, you should declar	e defined broadly. For example, if your manuscript re all relationships with manufacturers of not mentioned in the manuscript.
ite	item #1 below, report all su ms, e time frame for disclosure i		ed in this manuscript without time limit. For all other
ite	ms,	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)
ite	ms,	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)
ite	ms,	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)
ite	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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)
ite	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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) al planning of the work
ite the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work
ite	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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiation	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work

Consulting fees

X_None

5	Payment or honoraria for lectures, presentations,	_X_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	X_None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	X None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X_None	
		X None	
.2	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
L3	Other financial or non-	_X_None	
	financial interests		

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

UZ Leuven Prof. Dr. D. Van Raemdonck Voorzitter Raad voor transplantatie

Date:	20-07-2023
Your Nan	ne: Laurens J. Ceulemans
Manuscri	pt Title: Off-pump lung re-transplantation avoiding clamshell thoracotomy is feasible and safe: a single-center
experience	ce control of the con

Manuscript number (if known): JTD-23-64

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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	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.	_X None	
2	Country on a substant from	Time frame: past	
2	Grants or contracts from any entity (if not indicated	UZ Leuven	Post-doctoral grant from the University Hospitals Leuven (KOOR – UZ Leuven).
	in item #1 above).	KU Leuven	KU Leuven University Chair funded by Medtronic
3	Royalties or licenses	X None	
4	Consulting fees	_X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	_X None	
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	_XNone	
11	Stock or stock options	_X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

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

Laurens J. Ceulemans is supported by a KU Leuven University Chair funded by Medtronic and a post-doctoral grant		
from the University Hospitals Leuven (KOOR – UZ Leuven).		

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