

ICMJE DISCLOSURE FORM

Date: December 05, 2023

Your Name: Megan Company

Manuscript Title: ECMO for General Thoracic Surgery: A Case Series and Narrative Review

Manuscript number (if known): N/A

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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

N/A

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

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

ICMJE DISCLOSURE FORM

Date: December 05, 2023

Your Name: Britton Donato

Manuscript Title: ECMO for General Thoracic Surgery: A Case Series and Narrative Review

Manuscript number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: December 05, 2023

Your Name: Pedro Reck dos Santos

Manuscript Title: ECMO for General Thoracic Surgery: A Case Series and Narrative Review

Manuscript number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: December 05, 2023

Your Name: Cory Alwardt

Manuscript Title: ECMO for General Thoracic Surgery: A Case Series and Narrative Review

Manuscript number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: December 05, 2023

Your Name: Kristen Sell-Dottin

Manuscript Title: ECMO for General Thoracic Surgery: A Case Series and Narrative Review

Manuscript number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: December 05, 2023

Your Name: Stephanie Blakeman

Manuscript Title: ECMO for General Thoracic Surgery: A Case Series and Narrative Review

Manuscript number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: December 05, 2023

Your Name: Penny Hung

Manuscript Title: ECMO for General Thoracic Surgery: A Case Series and Narrative Review

Manuscript number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: December 05, 2023

Your Name: Ayan Sen

Manuscript Title: ECMO for General Thoracic Surgery: A Case Series and Narrative Review

Manuscript number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: December 05, 2023

Your Name: Patrick DeValeria

Manuscript Title: ECMO for General Thoracic Surgery: A Case Series and Narrative Review

Manuscript number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: December 05, 2023

Your Name: Lara Schaheen

Manuscript Title: ECMO for General Thoracic Surgery: A Case Series and Narrative Review

Manuscript number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: December 05, 2023

Your Name: Jonathan D’Cunha

Manuscript Title: ECMO for General Thoracic Surgery: A Case Series and Narrative Review

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

N/A

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

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