

## ICMJE DISCLOSURE FORM

**Date:** 11/23/2023

**Your Name:** Yong Chae Jung

**Manuscript Title:** Clipless Internal Mammary Artery Harvesting for Minimally Invasive Coronary Artery Bypass Grafting using the Shear-Tip Harmonic Scalpel

**Manuscript Number (if known):** JTD-23-1810

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 author's relationships/activities/interests should be defined broadly. 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.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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**Date:** 11/23/2023

**Your Name:** Yooyoung Chong

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## ICMJE DISCLOSURE FORM

**Date:** 11/23/2023

**Your Name:** Min-Woong Kang

**Manuscript Title:** Clipless Internal Mammary Artery Harvesting for Minimally Invasive Coronary Artery Bypass Grafting using the Shear-Tip Harmonic Scalpel

**Manuscript Number (if known):** JTD-23-1810

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**Your Name:** Sung Joon Han

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**Your Name:** Hyun Jin Cho

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

**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:** 11/23/2023

**Your Name:** Sang-Jun Park

**Manuscript Title:** Clipless Internal Mammary Artery Harvesting for Minimally Invasive Coronary Artery Bypass Grafting using the Shear-Tip Harmonic Scalpel

**Manuscript Number (if known):** JTD-23-1810

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 author's relationships/activities/interests should be defined broadly. 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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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**Date:** 11/23/2023

**Your Name:** Man-shik Shim

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**Manuscript Number (if known):** JTD-23-1810

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