

ICMJE DISCLOSURE FORM

Date: 09/02/2022
 Your Name: Jake Cotton
 Manuscript Title: Returning to Baseline Daily Ambulation after Cardiothoracic Surgery
 Manuscript number (if known): VATS-22-24 (VATS-2022-OA-03)

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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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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).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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

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

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.

ICMJE DISCLOSURE FORM

Date: 09/02/2022

Your Name: Danielle Abbitt, MD

Manuscript Title: Returning to Baseline Daily Ambulation after Cardiothoracic Surgery

Manuscript number (if known): VATS-22-24 (VATS-2022-OA-03)

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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	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
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	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	

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Date: 09/02/2022
 Your Name: Heather Carmichael
 Manuscript Title: Returning to Baseline Daily Ambulation after Cardiothoracic Surgery
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ICMJE DISCLOSURE FORM

Date: 09/02/2022

Your Name: John Iguidbashian

Manuscript Title: Returning to Baseline Daily Ambulation after Cardiothoracic Surgery

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6	Payment for expert testimony	<u> </u> None	
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ICMJE DISCLOSURE FORM

Date: 09/02/2022
 Your Name: Alejandro Suarez Pierre
 Manuscript Title: Returning to Baseline Daily Ambulation after Cardiothoracic Surgery
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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	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

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

None.

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

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ICMJE DISCLOSURE FORM

Date: 09/02/2022

Your Name: Robert A. Meguid, MD MPH FACS

Manuscript Title: Returning to Baseline Daily Ambulation after Cardiothoracic Surgery

Manuscript number (if known): VATS-22-24 (VATS-2022-OA-03)

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> None	
		Agency for Health Care and Quality	R01 grant payments received by my institution, University of Colorado School of Medicine, for the research being conducted under the AHRQ grant, not related to this research submission.
3	Royalties or licenses	<u> </u> x <u> </u> None	

4	Consulting fees	<input type="checkbox"/> None	
		Consulting for Medtronic	Payments made to my institution, not related to this research submission.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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:

I am the PI on an AHRQ R01 grant, 1R01HS027417-01A1, for which I received salary support paid to my institution then reimbursed to me. The focus of this grant is unrelated to the project we have submitted for consideration of publication.

I am a consultant for Medtronic. I received salary support paid to my institution then reimbursed to me. The nature of this consultancy is unrelated to the project we have submitted for consideration of publication.

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

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ICMJE DISCLOSURE FORM

Date: 09/02/2022

Your Name: Jessica Rove, MD

Manuscript Title: Returning to Baseline Daily Ambulation after Cardiothoracic Surgery

Manuscript number (if known): VATS-22-24 (VATS-2022-OA-03)

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

None.

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X 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: 09/02/2022
 Your Name: Edward Jones
 Manuscript Title: Returning to Baseline Daily Ambulation after Cardiothoracic Surgery
 Manuscript number (if known): VATS-22-24 (VATS-2022-OA-03)

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3	Royalties or licenses	___ None	
4	Consulting fees	___ Boston Scientific	Consulting Fees for teaching Lap CBDE Courses

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ James Caviola; Harvard RMF	Payment for record review
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	____ 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	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

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

Consulting Fees for teaching Lap CBDE Courses from Boston Scientific
Payment for record review from James Caviola and Harvard RMF

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

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ICMJE DISCLOSURE FORM

Date: 09/02/2022
 Your Name: Teresa Jones
 Manuscript Title: Returning to Baseline Daily Ambulation after Cardiothoracic Surgery
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ICMJE DISCLOSURE FORM

Date: 09/02/2022
 Your Name: Thomas Robinson
 Manuscript Title: Returning to Baseline Daily Ambulation after Cardiothoracic Surgery
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