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.

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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	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.		

Date:_09,	/02/2022
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Your	Name:	Danielle	Abbitt,	MD
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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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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). Royalties or licenses	X None X None	36 months
4	Consulting fees	X None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X None 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	

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:

Date:_09/02/2022
Your Name:Heather Carmichael
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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2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastNone None	36 months
4	Consulting fees	None	

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9 Participation on a DataNone	
Safety Monitoring Board or	
Safety Monitoring Board or	
10 Leadership or fiduciary role None	
in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock options None	
12 Receipt of equipment,None	
materials, drugs, medical writing, gifts or other	
services	
13 Other financial or non- None	
financial interests	
Please summarize the above conflict of interest in the following box:	
None.	

None.		

Date:_09/02/2022			
Your Name:John Iguidbashian			
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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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None			
	lectures, presentations, speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	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	None			
	Stook of Stook options				
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
12	services Other financial or non-	Nama			
13	financial interests	None			
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Plea	Please summarize the above conflict of interest in the following box:				
	Trease summarize the above commet of interest in the following soxi				

None.		

Date:_09/02/2022			
Your Name:_Alejandro Suarez Pierre			
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.

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3	Royalties or licenses	None	
4	Consulting fees	None	

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in other board, society,					
committee or advocacy					
group, paid or unpaid					
11 Stock or stock options None					
12 Receipt of equipment,None					
materials, drugs, medical writing, gifts or other					
services					
13 Other financial or non- None					
financial interests					
Please summarize the above conflict of interest in the following box:					
None.					

None.		

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).	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	x_None	

4	Consulting fees	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	xNone	
6	Payment for expert testimony	_xNone	
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	_xNone	
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:

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:			
_x I certify that I have answered every question and have not altered the wording of any of the questions on this 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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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

Date:_09/02/2022	
Your Name:Edward Jones	
Manuscript Title: Returning to Baseline Daily Ambulation after Cardiothoracic Sur	gery
Manuscript number (if known): VATS-22-24 (VATS-2022-OA-03)	

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4	Consulting fees	Boston Scientific	Consulting Fees for teaching Lap CBDE Courses

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
-	educational events		
6	Payment for expert testimony	James Caviola; Harvard RMF	Payment for record review
7	Cupport for attending	None	
/	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	N.	
13	Other financial or non- financial interests	None	
	interests		
	ase summarize the above consulting Fees for teaching La Payment for record review from	p CBDE Courses from Boston	Scientific

Date:_09/02/2022
Your Name:_Teresa 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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12 Receipt of equipment,None	
materials, drugs, medical writing, gifts or other	
services	
13 Other financial or non- None	
financial interests	
Please summarize the above conflict of interest in the following box:	
None.	

None.		

Date:_09/02/2022	
Your Name:_Thomas Robinson	
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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