

ICMJE DISCLOSURE FORM

Date: 12/27/2023

Your Name: Armin Kiankhooy

Manuscript Title: Hybrid Ablation of Atrial Fibrillation Improves Patient Quality of Life; Results from the AFEQT Questionnaire

Manuscript number (if known): VATS-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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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.		This work was supported by an institutional (Adventist Health – Saint Helena) research grant from AtriCure® (Mason, Ohio; USA) and provided salary support hospital employed research assistants (SB, MD, AP).
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		I provide consultation for AtriCure and receive payment
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7	Support for attending meetings and/or travel		I accept support from AtriCure for attending meetings where I provide AtriCure sponsored education
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		I participate on the AtriCure Advisory Board
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	

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Armin Kiankhooy has COI with AtriCure and provides consultation services; receives honoraria, travel and meeting support; and participates with the Advisory Board.

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ICMJE DISCLOSURE FORM

Date: 12/27/2023

Your Name: Arash Kiankhooy

Manuscript Title: Hybrid Ablation of Atrial Fibrillation Improves Patient Quality of Life; Results from the AFEQT Questionnaire

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

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Arash Kiankhooy has no COI.

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ICMJE DISCLOSURE FORM

Date: 12/27/2023

Your Name: Ali Own

Manuscript Title: Hybrid Ablation of Atrial Fibrillation Improves Patient Quality of Life; Results from the AFEQT Questionnaire

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

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Ali Own has no COI.

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ICMJE DISCLOSURE FORM

Date: 12/27/2023
 Your Name: Federico Sertic
 Manuscript Title: Hybrid Ablation of Atrial Fibrillation Improves Patient Quality of Life; Results from the AFEQT Questionnaire
 Manuscript number (if known): VATS-23-64

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 12/27/2023

Your Name: Michaela Daw

Manuscript Title: Hybrid Ablation of Atrial Fibrillation Improves Patient Quality of Life; Results from the AFEQT Questionnaire

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

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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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	
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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	

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Michaela Daw received salary support with a research grant from AtriCure® (Mason, Ohio; USA).

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ICMJE DISCLOSURE FORM

Date: 12/27/2023

Your Name: Susan Eisenberg

Manuscript Title: Hybrid Ablation of Atrial Fibrillation Improves Patient Quality of Life; Results from the AFEQT Questionnaire

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

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> x </u> None	
3	Royalties or licenses	<u> x </u> None	

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

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Date: 12/27/2023

Your Name: Shelby Burk

Manuscript Title: Hybrid Ablation of Atrial Fibrillation Improves Patient Quality of Life; Results from the AFEQT Questionnaire

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

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Shelby Burk received salary support from a research grant provided by AtriCure® (Mason, Ohio; USA).

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ICMJE DISCLOSURE FORM

Date: 12/27/2023

Your Name: Andrew Phillips

Manuscript Title: Hybrid Ablation of Atrial Fibrillation Improves Patient Quality of Life; Results from the AFEQT Questionnaire

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

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Andrew Phillips received salary support from a research grant from AtriCure® (Mason, Ohio; USA).

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ICMJE DISCLOSURE FORM

Date: 12/27/2023
 Your Name: Gansevoort Dunnington
 Manuscript Title: Hybrid Ablation of Atrial Fibrillation Improves Patient Quality of Life; Results from the AFEQT Questionnaire
 Manuscript number (if known): VATS-23-64

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