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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Zilla

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   ✔ Yes  
   ✏ No

5. Manuscript Title  
   A glimpse of hope: cardiac surgery in low- and middle-income countries (LMICs)

6. Manuscript Identifying Number (if you know it)  
   CDT-19-449

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
   ✔ Yes  
   ✏ No

## Section 3. Relevant financial activities outside the submitted work.

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   ✔ Yes  
   ✏ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ Yes  
   ✏ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Zilla has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (FirstName)  
   R. Morton  

2. Surname (LastName)  
   Bolman III  

3. Date  
   March 25, 2020  

4. Are you the corresponding author?  
   Yes  
   No  

5. Manuscript Title  
   A Glimpse of Hope: Cardiac Surgery in Low- and Middle-Income Countries (LMIC’s)  

6. Manuscript Identifying Number (if you know it)  
   CD-19-449

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
   Yes  
   No

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   Yes  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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NO

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Section 6. Disclosure Statement

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Generate Disclosure Statement

I HAVE NO CONFLICTS OF INTEREST. R. Morton Bolman III, MD

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Percy

2. Surname (Last Name)  
   Boateng

3. Date  
   24-March-2020

4. Are you the corresponding author?  
   Yes  
   No

   Corresponding Author’s Name  
   Peter Zilla

5. Manuscript Title  
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Dr. Boateng has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Karen
2. Surname (Last Name)  Sliwa
3. Date  26-March-2020
4. Are you the corresponding author?  Yes  No  ✔

5. Manuscript Title
Peter Zilla et al.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No  ✔

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Dr. Sliwa has nothing to disclose.

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