ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Eva Maria

2. Surname (Last Name)  
   Javier Delmo

3. Date  
   16-April-2020

4. Are you the corresponding author?  
   ✔ Yes  No

5. Manuscript Title  
   Mechanical Circulatory Support Systems: Evolution, the Systems and Outlook

6. Manuscript Identifying Number (if you know it)  
   CDT-2020-HFYO-17(CDT-20-283)

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Dr. Javier Delmo has nothing to disclose.

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Dandel
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Michael  
2. Surname (Last Name)  
   Dandel  
3. Date  
   16-April-2020  
4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author's Name  
   Eva Maria Javier Delmo  
5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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1. **Given Name (First Name)**
   Mariano Francisco del Maria

2. **Surname (Last Name)**
   Javier

3. **Date**
   16-April-2020

4. **Are you the corresponding author?**
   ✔ No

   **Corresponding Author’s Name**
   Eva Maria Javier Delmo

5. **Manuscript Title**
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6. **Manuscript Identifying Number (if you know it)**
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   - Mathias
2. **Surname (Last Name)**
   - Loebe
3. **Date**
   - 16-April-2020
4. **Are you the corresponding author?**
   - No
   - ✔
5. **Manuscript Title**
   - Mechanical Circulatory Support Systems: Evolution, the Systems and Outlook
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Roland</td>
<td>Hetzer</td>
<td>16-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name: Eva Maria Javier Delmo

5. Manuscript Title

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Dr. Hetzer has nothing to disclose.

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