ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Information

1. Given Name (First Name)  Jürgen
2. Surname (Last Name)  Ennker
3. Date  07-April-2020
4. Are you the corresponding author?  [ ] Yes  ✔ No
   Corresponding Author’s Name  Michal Szlapka
5. Manuscript Title
Conventional cardiac surgery in patients with end-stage coronary artery disease: yesterday and today.
6. Manuscript Identifying Number (if you know it)
CDT-2020-HFYO-05(CDT-20-284)

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Dr. Ennker has nothing to disclose

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Harald

2. Surname (Last Name)  
   Hausmann

3. Date  
   03-April-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Michal Szlapka

5. Manuscript Title  
   Conventional cardiac surgery in patients in endstage coronary artery disease: yesterday and today.

6. Manuscript Identifying Number (if you know it)  
   CDT-2020-HFYO-05(CDT-20-284)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Hausmann has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Roland

2. **Surname (Last Name)**
   - Hetzer

3. **Date**
   - 07-April-2020

4. **Are you the corresponding author?**
   - Yes [ ]
   - No [X]

5. **Corresponding Author’s Name**
   - Michal Szlapka

6. **Manuscript Title**
   - Conventional cardiac surgery in patients with end-stage coronary artery disease: yesterday

7. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

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Dr. Hetzer has nothing to disclose.

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1. Given Name (First Name)  
   Michal

2. Surname (Last Name)  
   Szlapka

3. Date  
   15-April-2020

4. Are you the corresponding author?  
   ✔ Yes

5. Manuscript Title  
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