

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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

### Evaluation and Feedback

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## 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)

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Dr. Hausmann has nothing to disclose.

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1. Given Name (First Name)  
Roland

2. Surname (Last Name)  
Hetzer

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

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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  No

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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