ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Leo

2. Surname (Last Name)  
   Bockeria

3. Date  
   28-June-2020

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

   Corresponding Author's Name  
   Dr. Thierry Carrel

5. Manuscript Title  
   Total cavopulmonary connection with a new restorative vascular graft - Results at 2 years

6. Manuscript Identifying Number (if you know it)  
   JTD-19-739

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Dr. Bockeria 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)  Thierry
2. Surname (Last Name)  Carrel
3. Date  09-July-2020
4. Are you the corresponding author?  Yes ☑ No

5. Manuscript Title
Total cavopulmonary connection with a new restorative vascular graft: results at 2 years

6. Manuscript Identifying Number (if you know it)
JTD 19-739

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Are there any relevant conflicts of interest?  Yes ☑ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>Xeltis</td>
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<td>Yes ☑</td>
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<td>Member of the Advisory Board</td>
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Dr. Carrel reports personal fees from Xeltis, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Anais
2. Surname (Last Name) Lemaire
3. Date 28-June-2020
4. Are you the corresponding author? ☑ Yes  ☐ No
Corresponding Author’s Name
Dr. Thierry Carrel

5. Manuscript Title
Total cavopulmonary connection with a new restorative vascular graft - Results at 2 years

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JTD-19-739

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<tr>
<td>Xeltis BV</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Consultant of Xeltis BV</td>
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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

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

3. **Date**
   - 28-June-2020

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

   **Corresponding Author’s Name**
   - Dr. Thierry Carrel

5. **Manuscript Title**
   - Total cavopulmonary connection with a new restorative vascular graft - Results at 2 years

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<tr>
<td>Alex</td>
<td>Kim</td>
<td>28-June-2020</td>
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4. Are you the corresponding author?  
   - Yes  
   - No [✓]  

5. Manuscript Title  
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- **Other:** Anything not covered under the previous three boxes
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

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<td>Shatalov</td>
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<td>3. Date</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes ☐ No ☑</td>
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<tr>
<td>Corresponding Author's Name</td>
<td>Dr. Thierry Carrel</td>
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<td>5. Manuscript Title</td>
<td>Total cavopulmonary connection with a new restorative vascular graft - Results at 2 years</td>
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<td>6. Manuscript Identifying Number (if you know it)</td>
<td>JTD-19-739</td>
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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.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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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. Shatalov has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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Martijn Cox 24-June-2020

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Corresponding Author’s Name
Dr. Thierry Carrel

5. Manuscript Title
Total cavopulmonary connection with a new restorative vascular graft - Results at 2 years
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Svanidze
ICMJE Form for Disclosure of Potential Conflicts of Interest

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---|---|---
Oleg | Svanidze | 28-June-2020

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---|---
Yes | Total cavopulmonary connection with a new restorative vascular graft - Results at 2 years

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