

ICMJE DISCLOSURE FORM

Date: 22/04/2024

Your Name: Jeevan Francis

Manuscript Title: Beyond Borders: An appraisal on global congenital cardiac surgery workforce

Manuscript number (if known): TP-24-38

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 25.4.2024

Your Name: Ed Peng

Manuscript Title: Beyond Borders: An Appraisal of the Global Congenital Cardiac Surgery Workforce

Manuscript number (if known):

Manuscript ID: TP-24-38

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ICMJE DISCLOSURE FORM

DATE
NAME

20.04.2024

ANTONIO CORNO

Manuscript title: BEYOND BORDERS: AN APPRAISAL ON GLOBAL GINGIVITIS SURF

Manuscript number (if any): TP-24-58

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----- I agree to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Antonio Gorno 20.04.2024