

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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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

S. Rodes

2. Surname (Last Name)

Brown

3. Date

04-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Andrew J. Gunn

5. Manuscript Title

Acute traumatic injury of the aorta: presentation, diagnosis, and treatment

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Brown has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Sasha

2. Surname (Last Name)

Still

3. Date

04-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Andrew J. Gunn

5. Manuscript Title

Acute traumatic injury of the aorta: presentation, diagnosis, and treatment

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

Yes

No

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Dr. Still has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kyle

2. Surname (Last Name)
Eudailey

3. Date
04-July-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Andrew J. Gunn

5. Manuscript Title
Acute traumatic injury of the aorta: presentation, diagnosis, and treatment

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Terumo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Cryolife	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Eudailey reports personal fees from Terumo, personal fees from Cryolife, personal fees from Medtronic, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Adam

2. Surname (Last Name)
Beck

3. Date
04-July-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Andrew J. Gunn

5. Manuscript Title
Acute traumatic injury of the aorta: presentation, diagnosis, and treatment

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Cook	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Beck reports personal fees from Terumo, personal fees from Cryolife, personal fees from Medtronic, personal fees from Cook, grants from Cook, outside the submitted work; .

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1. Given Name (First Name) Andrew

2. Surname (Last Name) Gunn

3. Date 04-July-2020

4. Are you the corresponding author? Yes No

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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BTG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and speaker
Terumo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and speaker
Penumbra	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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