

## ICMJE DISCLOSURE FORM

<b>Date:</b>	12.10.2021
<b>Your Name:</b>	Radosław Litwinowicz
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
<b>Manuscript Number (if known):</b>	<b>JTD-21-1279-CL</b>

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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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/>	<input type="checkbox"/> None

3	Royalties or licenses	X	None
4	Consulting fees	X	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X	None
6	Payment for expert testimony	X	None
7	Support for attending meetings and/or travel	X	None
8	Patents planned, issued or pending	X	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X	None

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<b>Your Name:</b>	Piotr Mazur
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
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<b>Date:</b>	12.10.2021
<b>Your Name:</b>	Magdalena Bryndza
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
<b>Manuscript Number (if known):</b>	<b>JTD-21-1279-CL</b>
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## ICMJE DISCLOSURE FORM

<b>Date:</b>	12.10.2021
<b>Your Name:</b>	Krzysztof Bartuś
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
<b>Manuscript Number (if known):</b>	<b>JTD-21-1279-CL</b>
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<b>Your Name:</b>	Grzegorz Filip
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
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<b>Your Name:</b>	Artur Bartoszcze
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
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<b>Date:</b>	12.10.2021
<b>Your Name:</b>	Jacek Piątek
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
<b>Manuscript Number (if known):</b>	<b>JTD-21-1279-CL</b>

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## ICMJE DISCLOSURE FORM

<b>Date:</b>	12.10.2021
<b>Your Name:</b>	Janusz Konstanty-Kalandyk
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
<b>Manuscript Number (if known):</b>	<b>JTD-21-1279-CL</b>
<p>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.</p> <p>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.</p> <p>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.</p>	

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		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/>	<input type="checkbox"/> None
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

3	Royalties or licenses	X	None
4	Consulting fees	X	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X	None
6	Payment for expert testimony	X	None
7	Support for attending meetings and/or travel	X	None
8	Patents planned, issued or pending	X	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X	None

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X	None
11	Stock or stock options	X	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None
13	Other financial or non-financial interests	X	None
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## ICMJE DISCLOSURE FORM

<b>Date:</b>	12.10.2021
<b>Your Name:</b>	Mariusz Kowalewski
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
<b>Manuscript Number (if known):</b>	<b>JTD-21-1279-CL</b>
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		<input type="checkbox"/>	<input type="checkbox"/>
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13	Other financial or non-financial interests	<table border="1"> <tr> <td data-bbox="1000 844 1179 875">X</td> <td data-bbox="1179 844 1343 875">None</td> </tr> <tr> <td data-bbox="1000 913 1179 945"></td> <td data-bbox="1179 913 1343 945"></td> </tr> <tr> <td data-bbox="1000 945 1179 976"></td> <td data-bbox="1179 945 1343 976"></td> </tr> <tr> <td data-bbox="1000 976 1179 1008"></td> <td data-bbox="1179 976 1343 1008"></td> </tr> </table>	X	None						
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## ICMJE DISCLOSURE FORM

<b>Date:</b>	12.10.2021
<b>Your Name:</b>	Krithika Ramaprabhu
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
<b>Manuscript Number (if known):</b>	<b>JTD-21-1279-CL</b>

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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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>X</b>	<input type="checkbox"/> <b>None</b>

3	Royalties or licenses	X	None
4	Consulting fees	X	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X	None
6	Payment for expert testimony	X	None
7	Support for attending meetings and/or travel	X	None
8	Patents planned, issued or pending	X	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X	None



10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X	None
11	Stock or stock options	X	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None
13	Other financial or non-financial interests	X	None
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## ICMJE DISCLOSURE FORM

<b>Date:</b>	12.10.2021
<b>Your Name:</b>	Hubert Hymczak
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
<b>Manuscript Number (if known):</b>	<b>JTD-21-1279-CL</b>

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## ICMJE DISCLOSURE FORM

<b>Date:</b>	12.10.2021
<b>Your Name:</b>	Bogusław Kapelak
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
<b>Manuscript Number (if known):</b>	<b>JTD-21-1279-CL</b>
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## ICMJE DISCLOSURE FORM

<b>Date:</b>	12.10.2021
<b>Your Name:</b>	Anna Kędziora
<b>Manuscript Title:</b>	Long-term survival following postoperative myocardial infraction after coronary artery bypass surgery.
<b>Manuscript Number (if known):</b>	<b>JTD-21-1279-CL</b>

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