ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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Section 1. Identifying Information

1. Given Name (First Name) Christian
2. Surname (Last Name) Ghincea
3. Date 29-April-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title Cerebral Protection in Type A Aortic Dissection
6. Manuscript Identifying Number (if you know it) JOVS-2020-AD-03(JOVS-20-82)

Section 2. The Work Under Consideration for Publication

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Dr. Ghincea 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)**  
   Muhammad

2. **Surname (Last Name)**  
   Aftab

3. **Date**  
   29-April-2020

4. **Are you the corresponding author?**  
   ✔ Yes  
   ✗ No

5. **Manuscript Title**  
   Cerebral Protection in Type A Aortic Dissection

6. **Manuscript Identifying Number (if you know it)**  
   JOVS-2020-AD-03(JOVS-20-82)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   ✗ No

### Section 3. Relevant Financial Activities Outside the Submitted Work

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Are there any relevant financial activities outside the submitted work?

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<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>☒</td>
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<td>Consultation</td>
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<tr>
<td>LivaNova PLC</td>
<td>☒</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Aftab reports non-financial support from W.L. Gore & Associates, other from W.L. Gore & Associates, other from LivaNova PLC, outside the submitted work.

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<tbody>
<tr>
<td>1. Given Name (First Name)</td>
<td>Yuki</td>
</tr>
<tr>
<td>2. Surname (Last Name)</td>
<td>Ikeno</td>
</tr>
<tr>
<td>3. Date</td>
<td>29-April-2020</td>
</tr>
<tr>
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**Corresponding Author’s Name**

T. Brett Reece, MD

**Manuscript Title**

Cerebral Protection in Type A Aortic Dissection

**Manuscript Identifying Number (if you know it)**

JOVS-2020-AD-03(JOVS-20-82)

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Dr. Ikeno has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Andrew
2. Surname (Last Name)  Mesher
3. Date  29-April-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  T. Brett Reece, MD

5. Manuscript Title  Cerebral Protection in Type A Aortic Dissection
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Section 1. Identifying Information

1. Given Name (First Name)  
   T. Brett

2. Surname (Last Name)  
   Reece

3. Date  
   29-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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