ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>4. Are you the corresponding author?</td>
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Dr. Freeman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Thomas

2. Surname (Last Name)  
Beaver

3. Date  
07-May-2020

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

Corresponding Author’s Name  
Kirsten Freeman

5. Manuscript Title  
Florida Sleeve for Type A Dissection

6. Manuscript Identifying Number (if you know it)  
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Dr. Beaver has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Eric
2. Surname (Last Name)  Jeng
3. Date  07-May-2020
4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  Kirsten Freeman
5. Manuscript Title  Florida Sleeve for Type A Dissection
6. Manuscript Identifying Number (if you know it)  JOVS-2020-AD-02(JOVS-20-75)

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<td>Martin</td>
<td>07-May-2020</td>
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Corresponding Author’s Name
Kirsten Freeman

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<tr>
<td>George</td>
<td>Arnaoutakis</td>
<td>07-May-2020</td>
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Dr. Arnaoutakis has nothing to disclose.

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