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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Rizwan

2. Surname (Last Name)  
Attia

3. Date  
16-May-2020

4. Are you the corresponding author?  
☐ Yes  ✓ No

Corresponding Author’s Name  
Arminder Jassar

5. Manuscript Title  
Total Arch Replacement in the Treatment of Acute Type A Aortic Dissection

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?  
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Dr. Attia has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Duke

2. Surname (Last Name)  
   Cameron

3. Date  
   16-May-2020

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

   Corresponding Author’s Name  
   Arminder Jassar

5. Manuscript Title  
   Total Arch Replacement in the Treatment of Acute Type A Aortic Dissection

6. Manuscript Identifying Number (if you know it)  
   OVS-2020-AD-10(JOVS-20-125)

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

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. Cameron has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Thoralf
2. Surname (Last Name)  Sundt
3. Date  16-May-2020

4. Are you the corresponding author?  Yes ✗ No

Corresponding Author's Name  Arminder Jassar

5. Manuscript Title
Total Arch Replacement in the Treatment of Acute Type A Aortic Dissection

6. Manuscript Identifying Number (if you know it)
OVS-2020-AD-10(JOVS-20-125)

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Sundt
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1. Given Name (First Name)  
   Arminder

2. Surname (Last Name)  
   Jassar

3. Date  
   16-May-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

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