ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Section 1. Identifying Information

1. Given Name (First Name)  
AUNG

2. Surname (Last Name)  
OO

3. Date  
04-June-2020

4. Are you the corresponding author?  
☑️ No

Corresponding Author's Name  
ANA LOPEZ-MARCO

5. Manuscript Title  
Arch replacement following endovascular arch repair for an infected stent

6. Manuscript Identifying Number (if you know it)  
JOVS-2020-BVPP-03(JOVS-20-100)

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Dr. OO has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   SALEEM

2. Surname (Last Name)  
   JAHANGEER

3. Date  
   04-June-2020

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

Corresponding Author's Name  
ANA LOPEZ-MARCO

5. Manuscript Title  
   Arch replacement following endovascular arch repair for an infected stent

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

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>BENJAMIN</td>
<td>ADAMS</td>
<td>04-June-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
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Dr. ADAMS has nothing to disclose.

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1. Given Name (First Name)  ANA
2. Surname (Last Name)  LOPEZ-MARCO
3. Date  04-June-2020
4. Are you the corresponding author?  Yes ✔ No

5. Manuscript Title  Arch replacement following endovascular arch repair for an infected stent
6. Manuscript Identifying Number (if you know it)  JOVS-2020-BVPP-03(JOVS-20-100)

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