ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Johannes

2. Surname (Last Name)  
   Bonatti

3. Date

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

5. Manuscript Title  
   Minimally invasive and robotic coronary artery bypass grafting - a 25 year review

6. Manuscript Identifying Number (if you know it)  
   JTD-2020-MICS-04(JTD-20-1535)

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Dr. Bonatti has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Stafanie

2. Surname (Last Name)  
Wallner

3. Date  
31-March-1988

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

Corresponding Author’s Name  
Johannes Bonatti

5. Manuscript Title  
Minimally Invasive And Robotic Coronary Artery Bypass Grafting

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Dr. Wallner has nothing to disclose

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## Section 1. Identifying Information

| 1. Given Name (First Name)       | Ingo          |
| 2. Surname (Last Name)          | Crailsheim    |
| 3. Date                         | 29-June-1991  |
| 4. Are you the corresponding author? | [ ] Yes  ✔ No |
| Corresponding Author’s Name     | Johannes Bonatti |
| 5. Manuscript Title             | Minimally invasive and robotic coronary artery bypass grafting - a 25 year review |
| 6. Manuscript Identifying Number (if you know it) | JTD-2020-MICS-04(JTD-20-1535) |

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1. Given Name (First Name)  
   Martin

2. Surname (Last Name)  
   Grabenwöger

3. Date  
   31-July-2020

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   Corresponding Author’s Name  
   Johannes Bonatti

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Dr. Grabenwöger has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bernhard
2. Surname (Last Name) Winkler
3. Date 31-July-2020
4. Are you the corresponding author? Yes ☑ No
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