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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| S. Rodes                  | Brown                  | 04-July-2020 |

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

Corresponding Author’s Name
Andrew J. Gunn

5. Manuscript Title
Acute traumatic injury of the aorta: presentation, diagnosis, and treatment

6. Manuscript Identifying Number (if you know it)

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [ ] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Brown has nothing to disclose.

Evaluation and Feedback

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Sasha
2. **Surname (Last Name)**
   - Still
3. **Date**
   - 04-July-2020
4. **Are you the corresponding author?**
   - [ ] Yes  ✔ No
5. **Corresponding Author’s Name**
   - Andrew J. Gunn
6. **Manuscript Title**
   - Acute traumatic injury of the aorta: presentation, diagnosis, and treatment
7. **Manuscript Identifying Number (if you know it)**

## 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.)? Are there any relevant conflicts of interest?  [ ] Yes  ✔ No

## Section 3. Relevant financial activities outside the submitted work.

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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  [ ] Yes  ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Still 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) Kyle
2. Surname (Last Name) Eudailey
3. Date 04-July-2020
4. Are you the corresponding author? ☑ Yes ⬜ No
   Corresponding Author’s Name Andrew J. Gunn
5. Manuscript Title Acute traumatic injury of the aorta: presentation, diagnosis, and treatment
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☑ Yes ⬜ No

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Are there any relevant conflicts of interest? ☑ Yes ⬜ No
If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------|----------------|------------------------|--------|----------|
| Terumo         | ☐      | ☑              |                       | ☐      | Consultant|
| Cryolife       | ☐      | ☑              |                       | ☐      | Consultant|
| Medtronic      | ☐      | ☑              |                       | ☐      | Consultant|

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Eudailey reports personal fees from Terumo, personal fees from Cryolife, personal fees from Medtronic, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Adam  

2. Surname (Last Name)  
   Beck  

3. Date  
   04-July-2020  

4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name  
   Andrew J. Gunn

5. Manuscript Title  
   Acute traumatic injury of the aorta: presentation, diagnosis, and treatment

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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   Yes ☑  No ☐

If yes, please fill out the appropriate information below.

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| Terumo         | ☐      | ☑              | ☐                      | ☐      | Consultant |
| Cryolife       | ☐      | ☑              | ☐                      | ☐      | Consultant |
| Medtronic      | ☐      | ☑              | ☐                      | ☐      | Consultant |
| Cook           | ☐      | ☑              | ☐                      | ☐      | Consultant |
| Cook           | ☑      | ☐              | ☐                      | ☐      | ☐        |
Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ☑

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Section 1. Identifying Information

1. Given Name (First Name) Andrew
2. Surname (Last Name) Gunn
3. Date 04-July-2020
4. Are you the corresponding author? Yes
5. Manuscript Title Acute traumatic injury of the aorta: presentation, diagnosis, and treatment
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? No

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Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------|----------------|------------------------|--------|----------|
| BTG            |        |                |                        |        | Consultant and speaker |
| Terumo         |        |                |                        |        | Consultant and speaker |
| Penumbra       | Yes    |                |                        |        |                      |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? No
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