ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  Sarah
2. Surname (Last Name)  Guigui
3. Date  18-March-2020
4. Are you the corresponding author?  Yes
5. Manuscript Title  Cardiovascular implantable electronic device-related tricuspid regurgitation: a multidisciplinary team approach
6. Manuscript Identifying Number (if you know it)  JTD-2019-NCC-07

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes

Section 4. Intellectual Property -- Patents & Copyrights

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Guigui
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Section 6. Disclosure Statement

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Dr. Guigui has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ahmed

2. Surname (Last Name)  
   Zedan

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   [ ] Yes  [X] No  
   Corresponding Author’s Name  
   Sarah Guigui

5. Manuscript Title  
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Angelo

2. **Surname (Last Name)**
   - LaPietra

3. **Date**
   - 21-March-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Cardiovascular implantable electronic device-related tricuspid regurgitation: a multidisciplinary team approach

6. **Manuscript Identifying Number (if you know it)**
   - JTD-2019-NCC-07

## 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

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Dr. LaPietra has nothing to disclose.

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**Section 1. Identifying Information**

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| Sofia                      | Horvath                | 21-March-2020 |

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

Corresponding Author’s Name
Sarah Guigui

5. Manuscript Title
Cardiovascular implantable electronic device-related tricuspid regurgitation: a multidisciplinary team approach

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

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IVAN

2. Surname (Last Name)  
ARENAS

3. Date  
18-March-2020

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Yes [ ] No [ ]

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Cardiovascular implantable electronic device-related tricuspid regurgitation: a multidisciplinary team approach

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Dr. ARENAS has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Christos                 | Mihos                  | 18-March-2020 |

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

Corresponding Author’s Name
Sarah Guigui

5. Manuscript Title
Cardiovascular implantable electronic device-related tricuspid regurgitation: a multidisciplinary team approach

6. Manuscript Identifying Number (if you know it)
JTD-2019-NCC-07

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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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Dr. Mihos has nothing to disclose.

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