ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) TOMAS
2. Surname (Last Name) BENITO-GONZÁLEZ
3. Date 22-March-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name RODRIGO ESTÉVEZ-LOUREIRO
5. Manuscript Title Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip
6. Manuscript Identifying Number (if you know it) ATM-2019-SHD-13

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If yes, please fill out the appropriate information below.

| Name of Entity       | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments                      |
|----------------------|--------|----------------|------------------------|--------|-------------------------------|
| ABBOT VASCULAR       | ☑      | ☐             | ☐                      | ☐      | Unrestricted Investigational Grant |

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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Dr. BENITO-GONZÁLEZ reports grants from ABBOT VASCULAR, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
XAVIER

2. Surname (Last Name)  
FREIXA

3. Date  
22-March-2020

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author's Name  
RODRIGO ESTÉVEZ-LOUREIRO

5. Manuscript Title  
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| ABBOT VASCULAR         | ☐      | ☑              | ☐                      | ☐      | PROCTOR FOR MITRALCLIP |

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Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| Cosmo                      | Godino                 | 22-March-2020 |

4. Are you the corresponding author?  
   - Yes  
   - No  

Corresponding Author’s Name: Rodrigo estevez-Loureiro

5. Manuscript Title
   Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip®

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Dr. Godino has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| MAURIZIO                  | TARAMASSO              | 22-March-2020 |

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

Corresponding Author’s Name

RODRIGO ESTÉVEZ-LOUREIRO

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

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1. Given Name (First Name)  
RODRIGO

2. Surname (Last Name)  
ESTÉVEZ LOUREIRO

3. Date  
22-March-2020

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

5. Manuscript Title  
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| ABBOT VASCULAR | ☐     | ☑             | ☐                      | ☐      | PROCTOR FOR MITRACLIP |

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Hernandez-Vaquero

3. Date  
   22-March-2020

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

   Corresponding Author’s Name  
   Rodrigo estevez-Loureiro

5. Manuscript Title  
   Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip®

6. Manuscript Identifying Number (if you know it)  
   ATM-2019-SHD-13

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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

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Hernandez-Vaquero has nothing to disclose.

Evaluation and Feedback

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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)  ANA  
2. Surname (Last Name)  SERRADOR  
3. Date  22-March-2020  
4. Are you the corresponding author?  Yes  No  
   Corresponding Author’s Name  RODRIGO ESTÉVEZ-LOUREIRO  
5. Manuscript Title  Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip  
6. Manuscript Identifying Number (if you know it)  ATM-2019-SHD-13  

## Section 2. The Work Under Consideration for Publication

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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  

## 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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Section 6. Disclosure Statement

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Dr. SERRADOR 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)  LUIS
2. Surname (Last Name)  NOMBELA-FRANCO
3. Date  22-March-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  RODRIGO ESTÉVEZ-LOUREIRO

5. Manuscript Title
   Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip

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If yes, please fill out the appropriate information below.

| Name of Entity         | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments               |
|------------------------|--------|----------------|------------------------|--------|------------------------|
| ABBOT VASCULAR         |        | Yes            |                        |        | PROCTOR FOR MITRACLIP  |

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. NOMBELA-FRANCO reports personal fees from ABBOT VASCULAR, outside the submitted work;

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GRANDE-PRADA
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  | 2. Surname (Last Name)  | 3. Date
---|---|---
DAVID | GRANDE-PRADA | 22-March-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
RODRIGO ESTÉVEZ-LOUREIRO

5. Manuscript Title
Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip

6. Manuscript Identifying Number (if you know it) ATM-2019-SHD-13

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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

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

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Dr. GRANDE-PRADA has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
IGNACIO

2. Surname (Last Name)  
CRUZ-GONZALEZ

3. Date  
22-March-2020

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

5. Manuscript Title  
Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip

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[ ] No

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Dr. CRUZ-GONZALEZ has nothing to disclose.

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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)  
   RODOLFO

2. Surname (Last Name)  
   SAN ANTONIO

3. Date  
   22-March-2020

4. Are you the corresponding author?  
   - Yes  
   - No

Corresponding Author’s Name  
RODRIGO ESTÉVEZ-LOUREIRO

5. Manuscript Title  
   Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip

6. Manuscript Identifying Number (if you know it)  
   ATM-2019-SHD-13

### 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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- Yes  
- No

### 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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. SAN ANTONIO 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)
MICHELE

2. Surname (Last Name)
GALASSO

3. Date
22-March-2020

4. Are you the corresponding author?

☐ Yes  ✓ No

Corresponding Author’s Name
RODRIGO ESTÉVEZ-LOUREIRO

5. Manuscript Title
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Are there any relevant conflicts of interest?

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☐ Yes  ✓ No

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Dr. GALASSO 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) MARA
2. Surname (Last Name) GAVAZZONI
3. Date 22-March-2020
4. Are you the corresponding author? Yes
5. Manuscript Title Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip
6. Manuscript Identifying Number (if you know it) ATM-2019-SHD-13

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

GAVAZZONI
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. GAVAZZONI 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)  
CARMEN

2. Surname (Last Name)  
GARROTE

3. Date  
22-March-2020

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

Corresponding Author’s Name  
RODRIGO ESTÉVEZ-LOUREIRO

5. Manuscript Title  
Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip

6. Manuscript Identifying Number (if you know it)  
ATM-2019-SHD-13

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t 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                  |
|-------------------------|--------|----------------|------------------------|--------|---------------------------|
| ABBOT VASCULAR          | ☐      | ☑              |                        | ☐      | PROCTOR FOR MITRACLIP     |

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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Dr. GARROTE reports personal fees from ABBOT VASCULAR, 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)  
ANTONIO

2. Surname (Last Name)  
Portolés-Hernández

3. Date  
22-March-2020

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name  
RODRIGO ESTÉVEZ-LOUREIRO

5. Manuscript Title  
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Dr. Portolés-Hernández 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)**
   Pablo

2. **Surname (Last Name)**
   Avanzas

3. **Date**
   22-March-2020

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No
   **Corresponding Author's Name**
   Rodrigo estevez-Loureiro

5. **Manuscript Title**
   Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip®

6. **Manuscript Identifying Number (if you know it)**
   ATM-2019-SHD-13

## 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
- [x] No

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
- [ ] Yes
- [x] No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes
- [x] No
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Avanzas has nothing to disclose.

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Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  FELIPE
2. Surname (Last Name)  FERNANDEZ-VAZQUEZ
3. Date  22-March-2020
4. Are you the corresponding author?  Yes [ ] No [x]  
Corresponding Author’s Name  RODRIGO ESTÉVEZ-LOUREIRO

5. Manuscript Title
Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip
6. Manuscript Identifying Number (if you know it)
ATM-2019-SHD-13

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Dr. FERNANDEZ-VAZQUEZ has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Isaac
2. Surname (Last Name) Pascual
3. Date 22-March-2020
4. Are you the corresponding author? 
   Yes [ ] No [✓]

Corresponding Author's Name Rodrigo estevez-Loureiro
5. Manuscript Title
   Ventricular arrhythmias in patients with functional mitral regurgitation and implantable cardiac devices: implications of mitral valve repair with Mitraclip®

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