ICMJE DISCLOSURE FORM

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Date: 26. september 2023				
Your name: Thomas B. Piper				
Manuscript title: Minimal invasiv (jule)-hjertekirurgi				
Manuscript number (if known): 1				

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		

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Tim	Time frame: past 36 months				
2	Grants or contracts from	⊠ None			
	any entity (if not indicated	Grant for first year of			
	in item #1 above).	Ph.D. from Arthrex inc			
		Grant for second and			
		third year of Ph.D. from			
		Rigshospitalets			
		Forskningsfond			
3	Royalties or licenses	⊠ None			

4	Consulting fees	⊠ None	
1	consuming rees	△ None	
5	Payment or honoraria for	☑ None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
	eddedional events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	M Name	
/	meetings and/or travel	⊠ None	
	meetings and or traver		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board	Z None	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical	M NUILE	
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests		

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Date	e: Klik ell	er tryk for at angiv	e en dato.	
You	r name:	August Adelster	Olsen	
Mar	nuscript ti	tle : Minima	ıl invasiv (jule)-hjertekirurgi	
Mar	nuscript n	umber (if known):	
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			Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Sir	nce the initial plan		
1	manuscrip provision materials,	t for the present of (e.g., funding, of study medical writing, ocessing charges,	⊠ None	
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2		contracts from (if not indicated above).	□ None Rigshospitalets forskningsfond Kong Christian den 10s	Løn som PhD Blodprøveanalyser til andet projekt
			fond Lippmann fonden	Blodprøveanalyser til andet projekt
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3	Royalties	or licenses	M None	

4	Consulting form	M None		
4	Consulting fees	⊠ None		
5	Payment or honoraria for	⊠ None		
	lectures, presentations,	None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	⊠ None		
	testimony			
7	Support for attending	☐ None		
	meetings and/or travel	Jubilæumsfonden fra	Deltagelse I ACS 2023	
		Rigshospitalet		
		William Demant fonden	Deltagelse I ACS 2023	
		Familien Hede Nielsen	Deltagelse I ACS 2023	
		fonden		
8	Patents planned, issued or	⊠ None		
	pending	Z None		
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9	Participation on a Data	☑ None		
	Safety Monitoring Board			
	or Advisory Board			
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10	Leadership or fiduciary	⊠ None		
	role in other board,			
	society, committee or			
	advocacy group, paid or unpaid			
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11	Stock or stock options 🛛 None			
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12	Receipt of equipment,	⊠ None		
	materials, drugs, medical			
	writing, gifts or other			
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13	Other financial or non-			
	financial interests			

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Dat	e : 27. september 2023		
You	r name: Nikolaj Nerup		
Mai	nuscript title: Minima	ıl invasiv (jule)-hjertekirurgi	
	nuscript number (if known		
are r third comr	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply tous constants on the second of t	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your
		none (add rows as needed)	institution)
Tim	e frame: Since the initial plar	needed)	institution)
Tim 1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	needed)	
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	needed) ning of the work	
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	needed) ning of the work None	
Tim	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	needed) ning of the work None	

4	Consulting fees	□ None		
7	consuming rees		To wassauch assault	
		Arthrex	To research account	
5	Payment or honoraria for	⊠ None	⊠ None	
	lectures, presentations, speakers bureaus,	Zivone		
	manuscript writing or			
	educational events			
6	Payment for expert	☑ None		
	testimony			
7	Support for attending	☑ None		
	meetings and/or travel			
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8	Patents planned, issued or	⊠ None	T	
	pending			
9	Participation on a Data			
,	Safety Monitoring Board	Medtronic	To vecesial consumt	
	or Advisory Board		To research account	
	517tavi561 y 25ara	Advisory board		
10	Leadership or fiduciary	⊠ None		
	role in other board,			
	society, committee or			
	advocacy group, paid or			
	unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	□ None		
14	materials, drugs, medical	□ NOILE	T	
	writing, gifts or other			
	services			
13	Other financial or non-	☐ None		
	financial interests			

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