

## 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)

Michael

2. Surname (Last Name)

Ried

3. Date

13-August-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Non-Elective Thoracic Surgery in patients supported by VV or VA ECMO

6. Manuscript Identifying Number (if you know it)

-

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

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Dr. Ried 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) Laura	2. Surname (Last Name) Sommerauer	3. Date 12-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ried
5. Manuscript Title Non-Elective Thoracic Surgery in patients supported by VV or VA ECMO		
6. Manuscript Identifying Number (if you know it) -		

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Dr. Sommerauer 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) Till	2. Surname (Last Name) Markowiak	3. Date 13-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ried
5. Manuscript Title Non-Elective Thoracic Surgery in patients supported by VV or VA ECMO		
6. Manuscript Identifying Number (if you know it) -		

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Dr. Markowiak 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) Sigrid	2. Surname (Last Name) Wiesner	3. Date 16-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ried
5. Manuscript Title Non-Elective Thoracic Surgery in patients supported by VV or VA ECMO		
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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Dr. Wiesner has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Thomas	2. Surname (Last Name) Müller	3. Date 19-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ried
5. Manuscript Title Non-Elective Thoracic Surgery in patients supported by VV or VA ECMO		
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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)

Alois

2. Surname (Last Name)

Philipp

3. Date

13-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Michael Ried

5. Manuscript Title

Non-Elective Thoracic Surgery in patients supported by VV or VA ECMO

6. 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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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. Philipp 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) Christoph	2. Surname (Last Name) Unterbuchner	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ried
5. Manuscript Title Non-Elective Thoracic Surgery in patients supported by VV or VA ECMO		
6. Manuscript Identifying Number (if you know it) -		

### 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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Dr. Unterbuchner has nothing to disclose.

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Marcus	2. Surname (Last Name) Creutzenbeg	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ried
5. Manuscript Title Non-Elective Thoracic Surgery in patients supported by VV or VA ECMO		
6. Manuscript Identifying Number (if you know it) -		

### 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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Dr. Creutzenbeg 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) Dirk	2. Surname (Last Name) Lunz	3. Date 19-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ried
5. Manuscript Title Non-Elective Thoracic Surgery in patients supported by VV or VA ECMO		
6. 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

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Are there any relevant conflicts of interest?  Yes  No

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Lunz 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) Hans-Stefan	2. Surname (Last Name) Hofmann	3. Date 13-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Ried
5. Manuscript Title Non-Elective Thoracic Surgery in patients supported by VV or VA ECMO		
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