ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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

5. Relationships not covered above.

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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)  
Brian

2. Surname (Last Name)  
Bruckner

3. Date  
16-February-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Mandeep Mehra

5. Manuscript Title  
Two-Year Outcomes of A Magnetically-Levitated Cardiac Pump in Heart Failure

6. Manuscript Identifying Number (if you know it)  
18-00866

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

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

2. Surname (Last Name)  
   Cleveland, Jr

3. Date  
   21-February-2018

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

   Corresponding Author’s Name  
   Mandeep Mehra

5. Manuscript Title  
   Two-Year Outcomes of A Magnetically-Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)  
   18-00866

**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?  
   [x] Yes  
   [ ] No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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

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

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Dr. Cleveland, Jr reports grants from Abbott Medical, during the conduct of the study.

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<tbody>
<tr>
<td>William</td>
<td>Cotts</td>
<td>16-February-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No  
Corresponding Author’s Name  
Mandeep Mehra

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Dr. Cotts has nothing to disclose.

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Definitions.

Although the term “Potential Conflicts of Interest” is used in the title of this form, it is recognized that the conflicts that arise in the context of a manuscript, especially in the context of a study, are often complex and may not be easily or precisely categorized. As such, the following definitions are provided for the purposes of clarity and specificity. When in doubt, the more conservative approach should be taken.

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<tr>
<td>David</td>
<td>Dean</td>
<td>17-February-2018</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

5. Manuscript Title
LTtwo-Year Outcomes of A Magnetically-Levitated Cardiac Pump In Heart Failure

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

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jerry

2. Surname (Last Name)  
   Estep

3. Date  
   16-February-2018

4. Are you the corresponding author?  
   □ Yes  
   ✓ No  

   Corresponding Author’s Name  
   Mandeep Mehra

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Are there any relevant conflicts of interest?  
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If yes, please fill out the appropriate information below.

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Dr. Estep reports personal fees from Abbott and personal fees from Medtronic Inc. outside the submitted work.

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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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

5. Relationships not covered above.

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

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

**Issued:** The patent has been issued by the agency

**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)  
   Gregory

2. Surname (Last Name)  
   Ewald

3. Date  
   17-February-2018

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Mandeep Mehra

5. Manuscript Title  
   Two-Year Outcomes of A Magnetically-Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)  
   18-00866

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.

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  
   ☐ No

If yes, please fill out the appropriate information below.

<table>
<thead>
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<th>Other?</th>
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<td>☐</td>
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<td>Speaking honoraria</td>
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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
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Section 6. Disclosure Statement

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Dr. Ewald reports personal fees from Abbott outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Goldstein

3. Date  
   25-February-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author's Name  
   Mandeep Mehra

5. Manuscript Title  
   Long Term Outcome of a Magnetically Levitated Cardiac Pump for Heart Failure

6. Manuscript Identifying Number (if you know it)  
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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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Dr. Goldstein reports non-financial support from Abbott Inc. 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)  
Sanjeev

2. Surname (Last Name)  
Gulati

3. Date  
07-February-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Mandeep Mehra

5. Manuscript Title  
Two Year Outcomes of A Magnetically Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)  
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Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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<tr>
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<td>Speaking and consultant</td>
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<td>Speaking</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

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Dr. Gulati reports personal fees from Abbott, personal fees from Medtronic, personal fees from Novartis, personal fees from Biotronik 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)  
Gerald

2. Surname (Last Name)  
Heatley

3. Date  
16-February-2018

4. Are you the corresponding author?  
[ ] Yes  [ ] No  
Corresponding Author’s Name  
Mandeep Mehra

5. Manuscript Title  
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<td>[ ]</td>
<td></td>
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<td>Employee of Abbott</td>
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Dr. Heatley reports other from Abbott Corporation outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Douglas

2. Surname (Last Name) 
   Horstmannhof

3. Date 
   16-February-2018

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

If yes, please fill out the appropriate information below.

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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

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):

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Horstmanshof reports personal fees from Abbott Medical outside the submitted work.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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)  Akinobu
2. Surname (Last Name)  Itoh
3. Date  17-February-2018

4. Are you the corresponding author?  
   - Yes  
   - No
   Corresponding Author’s Name  Mandeep Mehra

5. Manuscript Title
   Two-Year Outcomes of A Magnetically-Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)
   18-00866

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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<tr>
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<td>✔</td>
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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
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Dr. Itoh reports personal fees from Abbott 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)  
Valluvan

2. Surname (Last Name)  
Jeevanandam

3. Date  
22-February-2018

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

Corresponding Author’s Name  
Mandeep Mehra

5. Manuscript Title  
Two-Year Outcomes of A Magnetically-Levitated Cardiac Pump In Heart Failure

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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?  
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Dr. Jeevanandam reports personal fees from Thoratec Abbott 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)  
   Ulrich

2. Surname (Last Name)  
   Jorde

3. Date  
   22-February-2018

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

   Corresponding Author’s Name  
   Mandeep Mehra

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   ☑ Yes  ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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  Abbott payments to Montefiore for Momentum 3 patient enrollment and study execution on site

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  Travel to investigator meetings and/or meetings where I presented MOMENTUM or SHIELD 2 data (I am national PI for SHIELD 2)
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Consulting fee for advisory board in 3/2015. Travel to ISHLT meeting in Singapore that Heartware supported by providing faculty travel.

Travel reimbursement

Section 4. Intellectual Property – Patents & Copyrights

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Dr. Jorde reports grants from Abbott during the conduct of the study; non-financial support from Abbott, personal fees and non-financial support from Heartware, and non-financial support from Abiomed 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)  
Arun  

2. Surname (Last Name)  
Krishnamoorthy  

3. Date  
16-February-2018  

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

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Mandeep Mehra  

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☐ Yes  
☑ No  

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  
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Krishnamoorthy
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Krishnamoorthy has nothing to disclose.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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**

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<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>James</td>
<td>Long</td>
<td>22-February-2018</td>
</tr>
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4. Are you the corresponding author?  
   - Yes
   - No
   
   Corresponding Author’s Name  
   Mandeep Mehra

5. Manuscript Title  
   Two Year Outcomes of A Magnetically Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)  
   18-00866

**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.**

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.

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<th>Comments</th>
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<td>☑</td>
<td>Institutional support for educational activities; no personal remuneration</td>
</tr>
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</table>

**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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Dr. Long reports other from Abbott outside the submitted work.

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)  
Mandip

2. Surname (Last Name)  
Mehra

3. Date  
06-February-2018

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

5. Manuscript Title  
Two Year Outcomes of A Magnetically Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)  
18-00866

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

If yes, please fill out the appropriate information below.

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Mehra
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4.  Intellectual Property – Patents & Copyrights

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

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. Mehra reports non-financial support and other from Abbott, Inc (previously St. Jude Medical), personal fees from Medtronic, personal fees from Janssen (Johnson and Johnson), personal fees from Mesoblast, personal fees from Portola, personal fees from NuPulseCV, Inc, personal fees from Bayer, outside the submitted work.

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) Carmelo
2. Surname (Last Name) Milano
3. Date 19-February-2018
4. Are you the corresponding author? Yes ☐ No ☒
   Corresponding Author’s Name
   Mandeep Mehra

5. Manuscript Title
   Two Year Outcomes of A Magnetically Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)
   18-100866

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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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. Milano reports personal fees from Abbott 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)  
Yoshifumi

2. Surname (Last Name)  
Naka

3. Date  
16-February-2018

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

Corresponding Author’s Name  
Mandeep Mehra

5. Manuscript Title  
Two-Year Outcomes of A Magnetically-Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
☑ Yes  ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Dr. Naka reports personal fees from Abbott during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   O’Connell

3. Date  
   07-February-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [ ] No  
   Corresponding Author’s Name  
   Mandeep Mehra

5. Manuscript Title  
   Long Term Outcome of A Magnetically Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)  
   18-00866

Section 2. The Work Under Consideration for Publication

Did your 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  
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<td></td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Served as Vice President Medical Affairs for Abbott until May 31, 2017 when I retired and now serve as a consultant in Mechanical Circulatory Support</td>
</tr>
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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

O’Connell
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. O’Connell reports personal fees from Abbott, during the conduct of the study.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Chetan

2. Surname (Last Name)  
   Patel

3. Date  
   19-February-2018

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

   Corresponding Author’s Name  
   Mehra

5. Manuscript Title  
   Two-Year Outcomes of A Magnetically-Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)  
   18-00866

Section 2. The Work Under Consideration for Publication

Did your 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?  
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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?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Salerno

3. Date  
   16-February-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No
   Corresponding Author’s Name  
   Mandeep Mehra

5. Manuscript Title  
   Two-Year Outcomes of A Magnetically-Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)  
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Section 2. The Work Under Consideration for Publication

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

Section 3. Relevant financial activities outside the submitted work.

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Dr. Salerno reports personal fees from Abbott outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gabriel 

2. Surname (Last Name)  
   Sayer 

3. Date  
   16-February-2018 

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Mandeep Mehra 

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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   [x] No 

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Dr. Sayer reports personal fees from Medtronic outside the submitted work.

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Skipper
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Eric

2. Surname (Last Name)  
   Skipper

3. Date  
   19-February-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Mandeep Mehra

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Dr. Skipper has nothing to disclose.

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Poornima

2. Surname (Last Name)  
Sood

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19-February-2018

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☑ Yes  ☐ No

Corresponding Author’s Name  
Mandeep Mehra

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<td>Employee of Abbott</td>
</tr>
</tbody>
</table>

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

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. Sood reports personal fees from Abbott outside the submitted work.

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)  
Antone

2. Surname (Last Name)  
Tatooles

3. Date  
22-February-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Mandeep Mehra

5. Manuscript Title  
Two-Year Outcomes of A Magnetically-Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)  
18-00866

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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Section 6. Disclosure Statement

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Dr. Tatooles has nothing to disclose.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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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)  
   Nir

2. Surname (Last Name)  
   Uriel

3. Date  
   14-February-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Mandeep Mehra

5. Manuscript Title  
   Two Year Outcomes of A Magnetically Levitated Cardiac Pump In Heart Failure

6. Manuscript Identifying Number (if you know it)  
   18-00866

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

If yes, please fill out the appropriate information below.

<table>
<thead>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<th>Comments</th>
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Dr. Uriel reports grants and personal fees from Abbott, grants from Medtronic outside the submitted work.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Mary Norine

2. Surname (Last Name)  
   Walsh

3. Date  
   19-February-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author's Name  
   Mandeep Mehra

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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## Section 2. The Work Under Consideration for Publication

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

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Dr. Walsh 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)  
Melana

2. Surname (Last Name)  
Yuzefpolskaya

3. Date  
16-February-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Mandeep Mehra

5. Manuscript Title  
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☐ Yes  ☑ No

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Dr. Yuzefpolskaya has nothing to disclose.

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