

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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Section 1. Identifying Information

1. Given Name (First Name) _____ Prashanthan

2. Surname (Last Name) _____ Sanders

3. Date _____ 13-November-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name _____ Glenn Young

5. Manuscript Title _____ Letter on Article by Ranasinghe I et al.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abbott Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board, Speaking fees to institution and Research Funding
Medtronic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board, Speaking fees to institution and Research Funding
Boston-Scientific	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board, Speaking fees to institution and Research Funding
Pacemate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board
CathRx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board
Microport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Funding

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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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Supported by a Practitioner Fellowship from the National Health and Medical Research Council of Australia

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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) Wong	3. Date 14-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Institutional Variation in Quality of CIED Implantation: Is it Appropriate to use Administrative Databases? _____		
6. Manuscript Identifying Number (if you know it) L19-0708 _____		

Section 2. The Work Under Consideration for Publication

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Dr. Wong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Glenn

2. Surname (Last Name)
Young

3. Date
14-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Comment on M18-2810

6. Manuscript Identifying Number (if you know it)
L19-0708

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Section 1. Identifying Information

1. Given Name (First Name) Mehrdad	2. Surname (Last Name) Emami	3. Date 14-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Glenn Young
5. Manuscript Title Comment on M18-2810		
6. Manuscript Identifying Number (if you know it) Comment on M18-2810		

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received a postgraduate scholarship from the Centre for Heart Rhythm Disorders at the University of Adelaide

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Dr. Emami reports and received a postgraduate scholarship from the Centre for Heart Rhythm Disorders at the University of Adelaide .

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1. Given Name (First Name) Samuel	2. Surname (Last Name) Tu	3. Date 14-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Prashanthan Sanders
5. Manuscript Title Institutional Variation in Quality of CIED Implantation: Is it appropriate to use administrative databases?		
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