

#### **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.

## Identifying information.

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

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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

Velazquez 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Eric	2. Surname (Last Name) Velazquez	3. Date 07-July-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name  Daniel B. Mark
5. Manuscript Title "Quality of Life Outcomes with Coronary the STICH Randomized Trial"	/ Artery Bypass Graft Surg	ery in Ischemic Left Ventricular Dysfunction: Results from
6. Manuscript Identifying Number (if you kn M13-1380	ow it)	
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
Place a check in the appropriate boxes in of compensation) with entities as descriclicking the "Add +" box. You should rep	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of intere If yes, please fill out the appropriate info		
ii yes, piease iiii out the appropriate iiiic	imation below.	
Name of Entity	Grant? Personal Fees? S	n-Financial other? Comments
National Institutes of Health	<b>✓</b>	
Novartis Pharmaceuticals Corp.		Consulting
karia		Consulting
Section 4. Intellectual Property		
Intellectual Proper	ty Patents & Copyric	ints
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the work? Yes V No

Velazquez 2



Section 5. Polationships not severed above
Relationships not covered above
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Dr. Velazquez reports grants from National Institutes of Health, personal fees from Novartis Pharmaceuticals Corp as a memeer of study steering committees and DSMBs., and a research grant from Ikaria, outside the submitted work.

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Velazquez 3



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**Royalties:** Funds are coming in to you or your institution due to your patent

Desvigne-Nickens 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Patrice	2. Surname (Last Name) Desvigne-Nickens	3. Date 25-June-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Daniel Mark, M.D.
5. Manuscript Title "Quality of Life Outcomes with Coronar the STICH Randomized Trial"	y Artery Bypass Graft Surg	ery in Ischemic Left Ventricular Dysfunction: Results from
6. Manuscript Identifying Number (if you kr M13-1380	now it)	_
Section 2		
Section 2. The Work Under Co	onsideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work
Place a check in the appropriate boxes in the appropriate boxes of compensation) with entities as described.	in the table to indicate who ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4. Intellectual Proper	rty Patents & Copyric	hts
Do you have any patents, whether plan		

Desvigne-Nickens 2



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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. Desvigne-Nickens has nothing to disclose.

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Knight 1



Section 1. Identifying	Information	
1. Given Name (First Name) J. David	2. Surname (Last Name) Knight	3. Date 26-June-2014
4. Are you the corresponding auth	or? Yes 🗸 No	Corresponding Author's Name  Daniel B. Mark, MD
5. Manuscript Title Quality-of-Life Outcomes with 0	CABG Surgery in Ischemic LV Dysfu	unction: Results from the STICH Randomized Trial
6. Manuscript Identifying Number M13-1380	(if you know it)	
		_
Section 2. The Work U	nder Consideration for Public	cation
	ncluding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
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of compensation) with entities a	as described in the instructions. Us would report relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
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Do you have any patents, wheth	ner planned, pending or issued, br	oadly relevant to the work? Yes V No

Knight 2



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Dr. Knight has nothing to disclose.

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Section 1. Identifying Information	n				
1. Given Name (First Name) 2. Su Daniel Mark	urname (Last Name) k	3. Date 27-June-2014			
4. Are you the corresponding author?	Yes No				
<ul> <li>5. Manuscript Title</li> <li>Quality of Life Outcomes with Coronary Artery</li> <li>the STICH Randomized Trial</li> <li>6. Manuscript Identifying Number (if you know it)</li> </ul>	y Bypass Graft Surgery in Ischem	nic Left Ventricular Dysfunction: Results from			
Sortion 2					
Section 2. The Work Under Consider	leration for Publication				
Did you or your institution <b>at any time</b> receive payers any aspect of the submitted work (including but no statistical analysis, etc.)?		(government, commercial, private foundation, etc.) for g board, study design, manuscript preparation,			
	✓ Yes No				
	•	n one entity press the "ADD" button to add a row.			
Excess rows can be removed by pressing the "X" button.					
Name of Institution/Company Gran	Personal Non-Financial Fees? Support?	Other? Comments			
IH U01 HL69011					
Section 3. Relevant financial activi	ities outside the submitted	work.			
• • • •	n the instructions. Use one line fo	ave financial relationships (regardless of amount or each entity; add as many lines as you need by during the 36 months prior to publication.			
Are there any relevant conflicts of interest?	✓ Yes No				
If yes, please fill out the appropriate information	ion below.				
Name of Entity Gran		Other? Comments			
	Fees? Support?	Other? Comments			
Name of Entity  Gran  Eli Lilly & Company  AstraZeneca	Fees? Support?	Other? Comments			



	7	Personal	Non-Financial	7			
Name of Entity	Grant?	Fees?	Support?	Other •	Comments		
Medtronic	<b>√</b>	<b>✓</b>					
St Jude	<b>✓</b>						
Gilead							
Janssen Pharmaceuticals							
Milestone Pharmaceuticals	estone Pharmaceuticals						
Section 4. Intellectual Propert	ty Pate	ents & Co	pyrights				
Do you have any patents, whether plann	ned, pend	ing or issue	ed, broadly releva	nt to the	work?		
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Yes, the following relationships/cond	ditions/cir	cumstance	es are present (ext	olain belo	w):		
✓ No other relationships/conditions/cii							
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At the time of manuscript acceptance, jo On occasion, journals may ask authors to						nents.	
on occasion, journals may ask authors to	disclose	rararer iiii	omation about it	.porteu re	Liddonships.		
Section 6. Disclosure Stateme	nt						
Based on the above disclosures, this form	n will auto	omatically	generate a disclos	sure state	ment, which will appear in the box		
below.							
Dr. Mark reports grants from NIH, from a AstraZeneca, grants from Bristol-Myers Spersonal fees from Gilead, personal fees outside the submitted work;	Squibb, g	rants and p	ersonal fees from	Medtron	ic, grants from St Jude, grants and		



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YADAV 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) RAKESH	2. Surname (Last Name) YADAV	3. Date 29-June-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name  Daniel B. Mark
5. Manuscript Title Quality of Life Outcomes with Corona the STICH Randomized Trial	ry Artery Bypass Graft Surge	ry in Ischemic Left Ventricular Dysfunction: Results from
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Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work? Yes V No

YADAV 2



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Dr. YADAV has nothing to disclose.

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YADAV 3

You should report relationships that were present during the 36 months prior to publication.

Do you have any conflicts to disclose?

NO.

Are there any relevant financial activities outside the submitted work?

NO.

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

NO

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?

NO



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## 4. Intellectual Property.

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

## Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Smith 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Peter		2. Surname (Last Name) Smith		3. Date 10-July-2014
4. Are you the cor	responding author?	☐ Yes    ✓ No	Corresponding Author's Nar Daniel B. Mark	me
5. Manuscript Title "Quality of Life C the STICH Rando	utcomes with Coronar	y Artery Bypass Graft Sur	gery in Ischemic Left Ventrici	ular Dysfunction: Results from
6. Manuscript Ider M13-1380	ntifying Number (if you kr	now it)		
Section 2.	The West Heden C	onsideration for Publ		
any aspect of the s statistical analysis,	titution <b>at any time</b> rece ubmitted work (including	ive payment or services from		mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add Are there any rele	) with entities as descri	ibed in the instructions. It port relationships that west?  Yes  No	Jse one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Name of Entity		Grant? Personal No	on-Financial Other? Con	nments
CSL Behring			Clinica	al Trial Steering Committee
Section 4.	Intellectual Proper	rty Patents & Copyr	ights	
Do you have any	patents, whether plan	ned, pending or issued, l	proadly relevant to the work?	Yes V No

Smith 2



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
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
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Dr. Smith reports other from CSL Behring, outside the submitted work; .

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Smith 3



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**Royalties:** Funds are coming in to you or your institution due to your patent

Wasilewski 1



Section 1. Identifying Infor	mation			
1. Given Name (First Name) Jaroslaw	2. Surname (Last Name) Wasilewski	3. Date 10-July-2014		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name  Daniel B. Mark		
5. Manuscript Title Quality of Life Outcomes with Corona the STICH Randomized Trial	ry Artery Bypass Graft Surge	ry in Ischemic Left Ventricular Dysfunction: Results from		
6. Manuscript Identifying Number (if you M13-1380	know it)			
Section 2. The Work Under	Consideration for Public	ation		
Did you or your institution <b>at any time</b> 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 financia	al activities outside the s	ubmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4. Intellectual Prope	erty Patents & Copyrig	phts		
Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work? Yes V No		

Wasilewski 2



Section 5. Relationships not covered above
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
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. Wasilewski has nothing to disclose.

### **Evaluation and Feedback**

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Wasilewski 3



#### **Instructions**

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**Royalties:** Funds are coming in to you or your institution due to your patent

Hamman 1



Section 1. Identifying Infor	mation			
1. Given Name (First Name) Baron	2. Surname (Last Name) Hamman	3. Date 11-July-2014		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Baron Hamman MD		
5. Manuscript Title Quality of Life Outcomes with Corona the STICH Randomized Trial	ary Artery Bypass Graft Surge	ry in Ischemic Left Ventricular Dysfunction: Results from		
6. Manuscript Identifying Number (if you M13-1380	know it)			
Section 2. The Work Under	Consideration for Public	ation		
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Section 3. Relevant financia	al activities outside the s	ubmitted work.		
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Section 4. Intellectual Prop	erty Patents & Copyrig	jhts		
Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work? Yes V No		

Hamman 2



Section 5. Relationships not severed above
Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Hamman has nothing to disclose.

### **Evaluation and Feedback**

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Hamman 3



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**Royalties:** Funds are coming in to you or your institution due to your patent

Rajda 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Miroslaw	2. Surname (Last Name) Rajda	3. Date 22-July-2014		
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Robert O. Bonow		
<ul><li>5. Manuscript Title</li><li>Left Ventricular Remodeling in Ischemi</li><li>Does Severity of Remodeling Influence</li><li>6. Manuscript Identifying Number (if you known)</li></ul>	the Relation Between	ion:		
Section 2. The Work Under C	onsideration for Public	cation		
Did you or your institution <b>at any time</b> 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 s	submitted work.		
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	est. Tes vino			
Section 4. Intellectual Prope	rty Patents & Copyric	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Rajda 2



Section 5.	Deletionshing not servered above
	Relationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
Yes, the follow	ing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
Based on the abov below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Rajda has noth	ning to disclose.

### **Evaluation and Feedback**

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Rajda 3



Section 1. Identifying Inform	mation		
1. Given Name (First Name) Gena	2. Surname (Last Name) Rankin		Date 3-July-2014
4. Are you the corresponding author?	Yes No	Corresponding Author's Name	
5. Manuscript Title Quality of Life Outcomes with Coronar the STICH trial 6. Manuscript Identifying Number (if you k		ery in Ischemic Left Ventricular	Dysfunction : Results from
Sergion 2: The Work Under C			ercial, private foundation, etc.) for
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da		
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	rty Patents & Copyrig		
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**Royalties:** Funds are coming in to you or your institution due to your patent

Anstrom 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Kevin	rst Name)	2. Surname (Last Name) Anstrom	)	3. Date 27-June-2014	ŀ
4. Are you the cor	responding author?	☐ Yes ✓ No	-	Corresponding Author's Name Dr. Daniel Mark	
5. Manuscript Title Quality of Life On the STICH Rando	utcomes with Coronary	r Artery Bypass Graft Sui	gery in Ischemic	Left Ventricular Dysfunction	n: Results from
6. Manuscript Ider M13-1380	ntifying Number (if you kn	now it)			
	1				
Section 2.	The Work Under Co	onsideration for Pub	lication		
Did you or your institution <b>at any time</b> 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  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.					
Name of Institut	ion/Company	Grant? Personal Fees?	Ion-Financial O	ther? Comments	
NHLBI		<b>✓</b>			
	ı				
Section 3.	Relevant financial	activities outside th	e submitted wo	ork.	
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Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Anstrom 2



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Sortion 6
Section 6. Disclosure Statement
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Dr. Anstrom reports grants from NHLBI, during the conduct of the study; .

### **Evaluation and Feedback**

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Anstrom 3



#### **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.

## Identifying information.

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

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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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**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

Howlett 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fii Jonathan	rst Name)	2. Surname (Last Name) Howlett	3. Date 28-June-2014		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name  Daniel Mark		
5. Manuscript Title Quality of Life Outcomes with Coronary Artery Bypass Graft Surgery in Ischemic Left Ventricular Dysfunction: Results from the STICH Randomized Trial 6. Manuscript Identifying Number (if you know it) M13-1380					
Section 2.	The Work Under Co	onsideration for Public	cation		
Did you or your institution <b>at any time</b> 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 Vo					
Section 3.	Relevant financial	activities outside the s	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, bi	roadly relevant to the work? Yes V No		

Howlett 2



Section 5. Polationships not severed above
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
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. Howlett has nothing to disclose.

## **Evaluation and Feedback**

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Howlett 3



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**Royalties:** Funds are coming in to you or your institution due to your patent

Harding 1



Section 1. Identifying Inform	action		
identifying inform	iation		
Given Name (First Name)  Tina	2. Surname (Last Name) Harding		3. Date 30-June-2014
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript Title Quality of Life Outcomes with Coronary the STICH Randomized Trial		in Ischemic Left Ventr	ricular Dysfunction: Results from
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under Co	onsideration for Publicat	ion	
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, data		
Are there any relevant conflicts of interest			d HADDIII o
If yes, please fill out the appropriate info Excess rows can be removed by pressing		nore than one entity	press the "ADD" button to add a row.
Name of Institution/Company	Grant	inancial Other?	Comments
NIH	<b>✓</b>		
Section 3. Relevant financial	activities outside the sul	omitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Use	one line for each entit	ry; add as many lines as you need by
Are there any relevant conflicts of interes	•		
	<b>_</b> _		
Section 4. Intellectual Proper	rty Patents & Copyrigh	ts	
Do you have any patents, whether plan	ned, pending or issued, broa	dly relevant to the wo	ork?

Harding 2



Section 5. Relationships not covered above
Relationships not covered above
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Ms. Harding has nothing to disclose.

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Harding 3



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**Royalties:** Funds are coming in to you or your institution due to your patent



Section 1. Identifying Inform	ation					
1. Given Name (First Name) John	2. Surname (Last Name) Spertus		3. Date 17-July-2014			
4. Are you the corresponding author?	Yes ✓ No	Corresponding A	Author's Name			
5. Manuscript Title Quality of Life Outcomes with Coronary Artery Bypass Graft Surgery in Ischemic Left Ventricular Dysfunction: Results from the STICH Randomized Trial						
6. Manuscript Identifying Number (if you kn M13-1380	ow it)					
Section 2. The Work Under Co	onsideration for Publ	lication				
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, o			tc.) for		
Section 3. Relevant financial a	activities outside the	submitted wor	k.			
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Are there any relevant conflicts of intere	est? ✓ Yes No					
If yes, please fill out the appropriate info	ormation below.					
Name of Entity	Grant? Personal Fees?	on-Financial Support?	ner? Comments			
NIH	<b>✓</b>					
American Heart Association	<b>✓</b>					
American College of Cardiology Foundation	<b>✓</b>					
Lilly	<b>✓</b>					
Genentech	<b>✓</b>					
Abbott Vascular	<b>✓</b>					
Amorcyte	<b>✓</b>					
United Healthcare						



Name of Entity	Gran	Personal Fees?	Non-Financial Support?	Other?	Comments	
Janssen						
Amgen						
Gilead	✓					
Section 4. Intellectual Pr	romoutur D	atomto & Cov	suutala ta			
Do you have any patents, whether If yes, please fill out the appropria Excess rows can be removed by pr	te informatio	n below. If you	•			row.
Patent?	Pending?	sued? Licens	ed?Royalties?	Licensee	Comments	
Seattle Angina Questionnaire					Copyright	
Kansas City Cardiomyopathy Questionnaire					Copyright	
Peripheral Artery Questionnaire			<b>√</b>		Copyright	
Section 5. Polotionaking						
Relationships not covered above						
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### Section 6.

**Disclosure Statement** 

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Dr. Spertus reports grants from NIH, grants from American Heart Association, grants from American College of Cardiology Foundation, grants from Lilly, grants from Genentech, grants from Abbott Vascular, grants from Amorcyte, personal fees from United Healthcare, personal fees from Janssen, personal fees from Amgen, grants from Gilead, outside the submitted work; In addition, Dr. Spertus has a patent Seattle Angina Questionnaire with royalties paid, a patent Kansas City Cardiomyopathy Questionnaire with royalties paid.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Drew 1



Section 1. Identifying Informa	ation		
1. Given Name (First Name) Laura	2. Surname (Last Name) Drew		3. Date 21-July-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Auth	or's Name
5. Manuscript Title "Quality of Life Outcomes with Coronary the STICH Randomized Trial"	Artery Bypass Graft Surg	ery in Ischemic Left \	/entricular Dysfunction: Results from
6. Manuscript Identifying Number (if you known M13-1380	ow it)	_	
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Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da st?	ita monitoring board, s	tudy design, manuscript preparation,
Name of Institution/Company	Grant? Personal No	n-Financial other?	Comments
NIH	<b>✓</b>		The STICH study was supported by a government grant
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Place a check in the appropriate boxes in of compensation) with entities as describ clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	oed in the instructions. Us ort relationships that we	se one line for each e	ntity; add as many lines as you need by
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Drew 2



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Ms. Drew reports grants from NIH, during the conduct of the study; .

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Malinowski 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Marcin	rst Name)	2. Surname (Last Name) Malinowski	3. Date 29-June-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name  Daniel B Mark
the STICH Rando	utcomes with Coronary		ry in Ischemic Left Ventricular Dysfunction: Results from
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	stitution <b>at any time</b> rece ubmitted work (including	ive payment or services from g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add Are there any rel	ı) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Malinowski 2



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