

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.

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2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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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Other: Anything not covered under the previous three boxes

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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) Vuysile	2. Surname (Last Name) Nkomo	3. Date 06-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susheel Kodali
5. Manuscript Title Sex-Specific Differences in Presentation Characteristics and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement		
6. Manuscript Identifying Number (if you know it) M15-0121		

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. Nkomo has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Neil	2. Surname (Last Name) Weissman	3. Date 06-May-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susheel Kodali
5. Manuscript Title Sex-Specific Differences in Presentation Characteristics and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement		
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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Edwards Lifescience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boston Scientific	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abbott Vascular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
St Judes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Medtronic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sorin Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Direct Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Weissman reports grants from Edwards Lifescience, during the conduct of the study; grants from Boston Scientific, grants from Abbott Vascular, grants from St Judes, grants from Medtronic, grants from Sorin Medical, grants from Direct Flow, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
vinod

2. Surname (Last Name)
thourani

3. Date
06-May-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
susheel kodali

5. Manuscript Title
Sex-Specific Differences in Presentation Characteristics and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement

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Dr. thourani has nothing to disclose.

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1. Given Name (First Name) Ke	2. Surname (Last Name) Xu	3. Date 06-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin B. Leon
5. Manuscript Title Sex-Specific Differences in Presentation Characteristics and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) David 2. Surname (Last Name) Cohen 3. Date 07-May-2015

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

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Edwards Lifesciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant to institution to serve as core laboratory for quality of life and cost-effectiveness components of the PARTNER Trials

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Edwards Lifesciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grants to institution

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grants to insitution; consulting income

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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.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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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)
Pamela

2. Surname (Last Name)
Douglas

3. Date
06-May-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Susheel Kodali

5. Manuscript Title
Sex-Specific Differences in Presentation Characteristics and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement

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

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 Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Edwards LifeSciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to institution

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

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. Douglas reports grants from Edwards LifeSciences, during the conduct of the study.

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)
Ajay J.

2. Surname (Last Name)
Kirtane

3. Date
10-May-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Susheel Kodali

5. Manuscript Title
Sex-Specific Differences in Presentation Characteristics and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement

6. Manuscript Identifying Number (if you know it)
M15-0121

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

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 Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Edwards Lifesciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional research support to Columbia University for the PARTNER Trial

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

Section 5. Relationships not covered above

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- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

My institution, Columbia University, has received research grants from Medtronic, Boston Scientific, Abiomed, Abbott Vascular, Vascular Dynamics, St. Jude Medical, Eli Lilly, and Glaxo Smithkline.

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Section 6. Disclosure Statement

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Dr. Kirtane reports grants to Columbia University/Cardiovascular Research Foundation from Edwards Lifesciences, during the conduct of the study; and institutional research grant support to Columbia University from Medtronic, Boston Scientific, Abiomed, Abbott Vascular, Vascular Dynamics, St. Jude Medical, Eli Lilly, and Glaxo Smithkline.

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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) Susheel 2. Surname (Last Name) Kodali 3. Date 10-May-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Sex-Specific Differences in Presentation Characteristics and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement

6. Manuscript Identifying Number (if you know it)
M15-0121

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Edwards Lifesciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Medtronic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consultant
Thubrikar Aortic Valve, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scientific Advisory Board

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. Kodali reports personal fees from Edwards Lifesciences, non-financial support from Medtronic, other from Thubrikar Aortic Valve, Inc., 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)
Darshan

2. Surname (Last Name)
Doshi

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Susheel Kodali

5. Manuscript Title

Sex-Specific Differences At Presentation and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement: A Cohort Study

6. Manuscript Identifying Number (if you know it)

M15-0121

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. Doshi 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)
Karin

2. Surname (Last Name)
Humphries

3. Date
02-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title
Sex-Specific Differences in Presentation Characteristics and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement

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

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

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Dr. Humphries has nothing to disclose.

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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)
Michael

2. Surname (Last Name)
Mack

3. Date
08-July-2015

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

5. Manuscript Title

Sex-specific differences in presentation characteristics and outcomes among females and males undergoing transcatheter

6. Manuscript Identifying Number (if you know it)
m15-0121

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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Dr. Mack has nothing to disclose.

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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) Martin	2. Surname (Last Name) Leon	3. Date 01-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susheel Kodali
5. Manuscript Title Sex-Specific Differences At Presentation and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement: A Cohort Study		
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. Leon has nothing to disclose.

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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) Rebecca 2. Surname (Last Name) Hahn 3. Date 13-November-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name
Susheel K Kodali

5. Manuscript Title
Sex-Specific Differences At Presentation and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement: A Cohort Study

6. Manuscript Identifying Number (if you know it)
M15-0121

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
St. Jude Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	speaker honorarium
Boston Scientific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	speaker honorarium
Edwards Lifesciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	speaker honorarium
Phillips Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	speaker honorarium

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

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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. Hahn reports other from St. Jude Medical, other from Boston Scientific, other from Edwards Lifesciences, other from Phillips Medical, 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)
Emin Murat

2. Surname (Last Name)
Tuzcu

3. Date
09-December-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Sex specific Differences at presentation and outcomes among females and males undergoing transcatheter aortic valve

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lars	2. Surname (Last Name) Svensson	3. Date 08-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susheel Kodali, MD
5. Manuscript Title Sex-Specific Differences At Presentation and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement: A Cohort Study"		
6. Manuscript Identifying Number (if you know it) M15-0121		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Svensson 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) Mathew

2. Surname (Last Name) Williams

3. Date 22-September-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name Kodali

5. Manuscript Title Sex-Specific Differences in Presentation Characteristics and Outcomes Among Females and Males Undergoing Transcatheter Aortic Valve Replacement

6. Manuscript Identifying Number (if you know it) M15-0121

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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.)?

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