

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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.

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)
Dae Hyun

2. Surname (Last Name)
Kim

3. Date
03-June-2016

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

5. Manuscript Title
Preoperative Frailty Assessment and Outcomes Beyond 6 Months in Older Adults Undergoing Cardiac Surgical Procedures: A Systematic Review

6. Manuscript Identifying Number (if you know it)
M16-0652

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
Alosa Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant services to the academic detailing program of the Alosa Foundation
National Institute on Aging, American Federation for Aging Research, John A Hartford Foundation, and Atlantic Philanthropies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K08AG051187

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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. Kim reports personal fees from Alosa Foundation, grants from National Institute on Aging, American Federation for Aging Research, John A Hartford Foundation, and Atlantic Philanthropies, 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) Caroline	2. Surname (Last Name) Kim	3. Date 02-June-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dae Hyun Kim
5. Manuscript Title Preoperative Frailty Assessment and Outcomes Beyond 6 Months After Cardiac Surgery: A Systematic Review		
6. Manuscript Identifying Number (if you know it) M16-0652		

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
Training Program in Cardiovascular Research grant from the National Heart, Lung, and Blood Institute, National Institutes of Health (T32-HL007374)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Dr. Kim reports grants from Training Program in Cardiovascular Research grant from the National Heart, Lung, and Blood Institute, National Institutes of Health (T32-HL007374) during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)
Lewis

2. Surname (Last Name)
Lipsitz

3. Date
02-June-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dae Kim

5. Manuscript Title
Preoperative Frailty Assessment and Outcomes Beyond 6 Months After Cardiac Surgery: A Systematic Review

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Dr. Lipsitz has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Edward

2. Surname (Last Name)
Marcantonio

3. Date
14-July-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dae Kim

5. Manuscript Title
Preoperative Frailty Assessment and Outcomes At 6 Months or Later In Older Adults Undergoing Cardiac Surgical Procedures: A Systematic Review

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1. Given Name (First Name)
Sebastian

2. Surname (Last Name)
Placide

3. Date
21-July-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dr. Dae Hyun Kim

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