ICMJE Form for Disclosure of Potential Conflicts of Interest

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## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>SALAH</td>
<td>ALTARABSHEH</td>
<td>01-June-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? Yes ✗ No

Corresponding Author’s Name
SALIL DEO MD

5. Manuscript Title
CONDUITS IN CORONARY ARTERY BYPASS GRAFTING

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

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Muhammad  
2. Surname (Last Name)  
   Sheikh  
3. Date  
   09-May-2020  
4. Are you the corresponding author?  
   Yes  ✔  No  
5. Manuscript Title  
   Conduits in Coronary Artery Bypass Grafting  
6. Manuscript Identifying Number (if you know it)  
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Dr. Sheikh has nothing to disclose.

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Ilyas
## Section 1. Identifying Information

1. Given Name (First Name)  
Sidra

2. Surname (Last Name)  
Ilyas

3. Date  
09-May-2020

4. Are you the corresponding author?  
☑️ No

Corresponding Author's Name  
Salil Deo

5. Manuscript Title  
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Dr. Ilyas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
SAJJAD

2. Surname (Last Name)  
RAZA

3. Date  
03-June-2020

4. Are you the corresponding author?  
Yes  ☑️  No

Corresponding Author’s Name  
SALIL DEO MD

5. Manuscript Title  
CONDUITS IN CORONARY ARTERY BYPASS GRAFTING

6. Manuscript Identifying Number (if you know it)  
AMJ-2020-ABG-08

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Dr. RAZA has nothing to disclose.

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   SALIL

2. Surname (Last Name)  
   DEO

3. Date  
   07-May-2020

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

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