Date: 17-03-2021

Your Name: Dr. Natraj Setty H.S

Manuscript Title: Ventricular Septal Rupture With Septal Aneurysm Complicating Acute Inferior Wall Myocardial

Infarction Treated Surgically-A Case Report. Manuscript number (if known): JXYM-21-7

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_X_ None	
		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	_X_ None	
3	Royalties or licenses	_X_ None	
4	Consulting fees	_X_ None	

5	Payment or honoraria for	_X_ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_X_ None	
	testimony		
7	Support for attending	_X_ None	
	meetings and/or travel		
8	Patents planned, issued or	_X_ None	
	pending		
_			
9	Participation on a Data	_X_ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_ None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V Nove	
11	Stock or stock options	_X_ None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_ None	
	financial interests		

N/A		

Please place an "X" next to the following statement to indicate your agreement:

Date: 17-03-2021

Your Name: Dr. Jayashree Kharge

Manuscript Title: Ventricular Septal Rupture With Septal Aneurysm Complicating Acute Inferior Wall Myocardial

Infarction Treated Surgically-A Case Report. Manuscript number (if known): JXYM-21-7

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4	Consulting fees	_X_ None	

5	Payment or honoraria for	_X_ None	
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_X_ None	
	testimony		
7	Support for attending	_X_ None	
	meetings and/or travel		
8	Patents planned, issued or	_X_ None	
	pending		
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9	Participation on a Data	_X_ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_ None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V Nove	
11	Stock or stock options	_X_ None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_ None	
	financial interests		

N/A		

Please place an "X" next to the following statement to indicate your agreement:

Date: 17-03-2021

Your Name: Dr. Babu Reddy

Manuscript Title: Ventricular Septal Rupture With Septal Aneurysm Complicating Acute Inferior Wall Myocardial

Infarction Treated Surgically-A Case Report. Manuscript number (if known): JXYM-21-7

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	committee or advocacy		
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11	Stock or stock options	_X_ None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_ None	
	financial interests		

N/A		

Please place an "X" next to the following statement to indicate your agreement:

Date: 17-03-2021

Your Name: Dr. Yeriswamy M.C

Manuscript Title: Ventricular Septal Rupture With Septal Aneurysm Complicating Acute Inferior Wall Myocardial

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	pending		
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	Advisory Board		
10	Leadership or fiduciary role	_X_ None	
	in other board, society,		
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11	group, paid or unpaid	V Nove	
11	Stock or stock options	_X_ None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_ None	
	financial interests		

N/A		

Please place an "X" next to the following statement to indicate your agreement:

Date: 17-03-2021

Your Name: Dr. B.C. Srinivas

Manuscript Title: Ventricular Septal Rupture With Septal Aneurysm Complicating Acute Inferior Wall Myocardial

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	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_ None	
	in other board, society,		
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11	Stock or stock options	_X_ None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_ None	
	financial interests		

N/A		

Please place an "X" next to the following statement to indicate your agreement:

Date: 17-03-2021

Your Name: Dr. T.R Raghu

Manuscript Title: Ventricular Septal Rupture With Septal Aneurysm Complicating Acute Inferior Wall Myocardial

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	manuscript writing or		
	educational events		
6	Payment for expert	_X_ None	
	testimony		
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9	Participation on a Data	_X_ None	
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10	Leadership or fiduciary role	_X_ None	
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11	Stock or stock options	_X_ None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_ None	
	financial interests		

N/A		

Please place an "X" next to the following statement to indicate your agreement:

Date: 17-03-2021

Your Name: Dr. Rahul Patil

Manuscript Title: Ventricular Septal Rupture With Septal Aneurysm Complicating Acute Inferior Wall Myocardial

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6	Payment for expert	_X_ None	
	testimony		
7	Support for attending	_X_ None	
	meetings and/or travel		
8	Patents planned, issued or	_X_ None	
	pending		
_			
9	Participation on a Data	_X_ None	
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	Advisory Board		
10	Leadership or fiduciary role	_X_ None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V Nove	
11	Stock or stock options	_X_ None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_ None	
	financial interests		

N/A		

Please place an "X" next to the following statement to indicate your agreement:

Date: 17-03-2021

Your Name: Dr. Sathwic Raj

Manuscript Title: Ventricular Septal Rupture With Septal Aneurysm Complicating Acute Inferior Wall Myocardial

Infarction Treated Surgically-A Case Report. Manuscript number (if known): JXYM-21-7

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8	Patents planned, issued or	_X_ None	
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	Advisory Board		
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12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_ None	
	financial interests		

N/A		

Please place an "X" next to the following statement to indicate your agreement:

Date: 17-03-2021

Your Name: Dr. Santosh Jadhav

Manuscript Title: Ventricular Septal Rupture With Septal Aneurysm Complicating Acute Inferior Wall Myocardial

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	_X_ None		
	manuscript writing or			
	educational events			
6	Payment for expert testimony	_X_ None		
7	Support for attending meetings and/or travel	_X_ None		
8	Patents planned, issued or	_X_ None		
	pending			
9	Participation on a Data	X None		
,	Safety Monitoring Board or Advisory Board	_X_None		
10	Leadership or fiduciary role in other board, society,	_X_ None		
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	X None		
11	Stock of Stock options	_X_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_ None		
13	Other financial or non- financial interests	_X_ None		
Ple	Please summarize the above conflict of interest in the following box:			
	acc carring inc the above o			

N,	'A			

Please place an "X" next to the following statement to indicate your agreement:

Date: 17-03-2021 Your Name: Dr. L. Sridar

Manuscript Title: Ventricular Septal Rupture With Septal Aneurysm Complicating Acute Inferior Wall Myocardial

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7	Support for attending	_X_ None			
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	pending				
9	Participation on a Data Safety Monitoring Board or	_X_ None			
	Advisory Board				
10	Leadership or fiduciary role in other board, society,	_X_ None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	_X_ None			
12	Receipt of equipment, materials, drugs, medical	_X_ None			
	writing, gifts or other services				
13	Other financial or non-	X None			
	financial interests	_x_none			
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:		
_					

N/A			

Please place an "X" next to the following statement to indicate your agreement:

Date: 17-03-2021

Your Name: Dr. C.N Manjunath

Manuscript Title: Ventricular Septal Rupture With Septal Aneurysm Complicating Acute Inferior Wall Myocardial

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7	Support for attending meetings and/or travel	XNone			
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10	Leadership or fiduciary role	XNone			
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	committee or advocacy group, paid or unpaid				
11	Stock or stock options	XNone			
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13	Other financial or non-	XNone			
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