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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin</td>
<td>Borggrefe</td>
<td>03-May-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - ☑ No  

Corresponding Author’s Name  
Jeffrey Olgin

5. Manuscript Title  
Wearable Cardioverter-Defibrillator Efficacy after Myocardial Infarction

6. Manuscript Identifying Number (if you know it)  
18-00781

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Are there any relevant conflicts of interest?  
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- ☑ No

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Are there any relevant conflicts of interest?  
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- ☑ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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- ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Borggrefe has nothing to disclose.

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)  
Alfred

2. Surname (Last Name)  
Buxton

3. Date  
30-April-2018

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

Corresponding Author’s Name  
Jeffrey Olgin

5. Manuscript Title  
Wearable Cardioverter-Defibrillator Efficacy after Myocardial Infarction

6. Manuscript Identifying Number (if you know it)  
18-00781

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

If yes, please fill out the appropriate information below.

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<td>☐</td>
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<td>Honorarium for a talk at a meeting focused on analyzing endocardial electrograms</td>
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Dr. Buxton reports grants from Medtronic, grants from Biosense-Webster, personal fees from Boston Scientific, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  
   Eugene

2. Surname (Last Name)  
   Chung

3. Date  
   30-April-2018

4. Are you the corresponding author?  
   Yes   ✔  No

   Corresponding Author’s Name  
   Jeff Olgin

5. Manuscript Title  
   Wearable Cardioverter-Defibrillator Efficacy after Myocardial Infarction

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<td>AliveCor, Inc</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Consulting fees</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes   ✔  No

Chung  
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   CLAUDE

2. Surname (Last Name)  
   ELAYI

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   Jeffrey Olgin

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Trisha

2. Surname (Last Name)  
   Hue

3. Date  
   30-April-2018

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

5. Manuscript Title  
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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.

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<tr>
<td>ZOLL</td>
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<td>✔</td>
<td>Contract to my institution, University of California, San Francisco, to support VEST study work scope</td>
</tr>
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   - No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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):

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Dr. Hue reports other from ZOLL, during the conduct of the study.

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Hulley
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Stephen

2. Surname (Last Name)  
   Hulley

3. Date  
   02-August-2018

4. Are you the corresponding author?  
   - [ ] Yes  
   - [✓] No  
   Corresponding Author's Name  
   Jeffrey Olgin

5. Manuscript Title  
   Wearable Cardioverter-Defibrillator After Myocardial Infarction

6. Manuscript Identifying Number (if you know it)  
   18-00781

### 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.

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   - [✓] No

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Hulley
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Byron

2. Surname (Last Name)  
Lee

3. Date  
16-July-2018

4. Are you the corresponding author?  

☐ Yes  ☑ No  
Corresponding Author’s Name  
Jeffrey Olgin

5. Manuscript Title  
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☑ Yes  ☐ No

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Section 1. Identifying Information

1. Given Name (First Name)  
Feng

2. Surname (Last Name)  
Lin

3. Date  
30-April-2018

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

Corresponding Author’s Name  
Jeffrey Olgin

5. Manuscript Title  
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Dr. Lin 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)  Carol
2. Surname (Last Name)  Maguire
3. Date  17-July-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Wearable Cardioverter-Defibrillator Efficacy after Myocardial Infarction
6. Manuscript Identifying Number (if you know it)  18-00781

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<td>Rajesh</td>
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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

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?

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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. Malik has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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)  
   Daniel

2. Surname (Last Name)  
   Morin

3. Date  
   30-April-2018

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Jeff Olgin

5. Manuscript Title  
   Wearable Cardioverter-Defibrillator Efficacy after Myocardial Infarction

6. Manuscript Identifying Number (if you know it)  
   18-00781

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Are there any relevant conflicts of interest?  
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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

Section 5. Relationships not covered above

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Morin reports personal fees from Zoll, personal fees from Biotronik, personal fees from Medtronic, grants from Boston Scientific, 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)  Jeffrey
2. Surname (Last Name)  Olgin
3. Date  29-April-2018
4. Are you the corresponding author?  ✔ Yes  ☐ No

5. Manuscript Title
Wearable Cardioverter-Defibrillator Efficacy after Myocardial Infarction

6. Manuscript Identifying Number (if you know it)
18-00781

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.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Olgin reports grants and personal fees from ZOLL, grants from NIH, during the conduct of the study; personal fees from Novartis, 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)**
   - Mark

2. **Surname (Last Name)**
   - Pletcher

3. **Date**
   - 30-April-2018

4. **Are you the corresponding author?**
   - Yes [✓]

5. **Manuscript Title**
   - Wearable Cardioverter-Defibrillator Efficacy after Myocardial Infarction

6. **Manuscript Identifying Number (if you know it)**
   - 18-00781

## Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Eric  

2. Surname (Last Name)  
   Rashba  

3. Date  
   03-May-2018  

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

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

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?

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✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Rashba reports grants from Zoll Medical, grants from NIH/NHLBI, during the conduct of the study; grants from Medtronic, grants from Boston Scientific, grants from St. Jude Medical, grants from Biotronik, personal fees from Pfizer, personal fees from BMS, outside the submitted work; .
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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)  
   Joel

2. Surname (Last Name)  
   Simon

3. Date  
   16-July-2018

4. Are you the corresponding author?  
   Yes ✔

5. Manuscript Title  
   Wearable Cardioverter-Defibrillator Efficacy after Myocardial Infarction

6. Manuscript Identifying Number (if you know it)  
   18-00781

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 ✔

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.

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<tbody>
<tr>
<td>Zoll Lifecor</td>
<td>✔</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>Principal VEST funder; administered through UCSF Contracts and Grants from Zoll Lifecor.</td>
</tr>
</tbody>
</table>

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?  
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Eric

2. Surname (Last Name)  
   Vittinghoff

3. Date  
   30-April-2018

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Wearable Cardioverter-Defibrillator Efficacy after Myocardial Infarction

6. Manuscript Identifying Number (if you know it)  
   18-00781

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   Yes

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<tbody>
<tr>
<td>Zoll</td>
<td></td>
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<td></td>
<td></td>
<td>I am a UCSF employee and a part of my salary was paid out of a contract between Zoll and the VEST Data Coordinating Center at UCSF</td>
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Are there any relevant conflicts of interest?  
   Yes

### Section 4. Intellectual Property -- Patents & Copyrights

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

Vittinghoff
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Vittinghoff reports other from Zoll, during the conduct of the study.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Jerzy

2. Surname (Last Name)  
   Wranicz

3. Date  
   01-August-2018

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Wearable Cardioverter-Defibrillator After Myocardial Infarction

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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<tbody>
<tr>
<td>Medical University of Lodz, Poland</td>
<td>☐</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>Personal fees, primal investigator in Department of Electrocardiology, Medical University of Lodz, Poland in VEST trial and registry</td>
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Zweibel
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name) Steven
2. Surname (Last Name) Zweibel
3. Date 01-August-2018
4. Are you the corresponding author? Yes ☒ No
5. Manuscript Title Wearable Cardioverter-Defibrillator Efficacy after Myocardial Infarction
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<th>Name of Entity</th>
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<td>Medtronic Inc.</td>
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<td>☒</td>
<td>☐</td>
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