

CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/20/2025

Your Name: FIKRI ABU-ZIDAN

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your 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.

Participants of an accredited activity must disclose all personal **financial** and **non-financial relationships**, over the previous 36 months with an **ineligible company** (formerly defined as a commercial interest). **Financial relationships** are those relationships in which the individual benefits by receiving a salary, royalty, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest), or other financial benefits, and may affect activity content relevant to products or services of an **ineligible company**, defined as an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Research grants from **ineligible companies** are financial relationships that should be disclosed, even if the funds go to the researcher's institution and not to the individual researcher.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	<input checked="" type="checkbox"/> None	
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	article processing charges, etc.) No time limit for this item.										
Time frame: past 36 months											
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
14	Family Disclosure. Disclose any financial associations involving a spouse, partner, or children	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/6/2025

Your Name: GORAN AUGUSTIN

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your 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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Based on ICMJE Form

Date: 8/5/2025

Your Name: ZSOLT BALOGH

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/26/2025

Your Name: Walter L. Biffl

Manuscript Title: AASST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): [Click or tap here to enter text.](#)

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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 9/5/2025

Your Name: Kendra Black

Manuscript Title: AAS-WSGS GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): [Click or tap here to enter text.]

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/12/2025

Your Name: L.D. BRITT

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/11/2025

Your Name: FAUSTO CATENA

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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CONFLICT OF DISCLOSURE FORM

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Date: 8/8/2025

Your Name: IAN CIVIL

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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Date: 8/13/2025

Your Name: FEDERICO COCCOLINI

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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14	Family Disclosure. Disclose any financial associations involving a spouse, partner, or children	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/23/2025

Your Name: Raul Coimbra

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your 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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Time frame: Since the initial planning of the work		
1	All support for the present	<input checked="" type="checkbox"/> None

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Time frame: past 36 months											
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr> <td>CSL Behring.</td> <td>Clinical Trial Initiation fees and patient enrollments. 2023-2025. Total Amount: \$605,253.97</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		CSL Behring.	Clinical Trial Initiation fees and patient enrollments. 2023-2025. Total Amount: \$605,253.97						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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	spouse, partner, or children		
<p>Please place an “X” next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/11/2025

Your Name: DIMITRIS DAMASKOS

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your 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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Time frame: Since the initial planning of the work		
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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/4/2025

Your Name: NICOLA DE ANGELIS

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 8/6/2025

Your Name: BELINDA DE SIMONE

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/27/2025

Your Name: Joseph M Galante

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): NA

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your 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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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/19/2025

Your Name: ADENAUER M.O. GÓES JR.

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/19/2025

Your Name: JOSE GUSTAVO PARREIRA

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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CONFLICT OF DISCLOSURE FORM

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Date: 8/1/2025

Your Name: TIMOTHY HARDCASTLE

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/27/2025

Your Name: Kenji Inaba

Manuscript Title: AASST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): [Click or tap here to enter text.](#) N/A

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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 9/5/2025

Your Name: Will Johnston

Manuscript Title: AAS-WSGS GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): [Click or tap here to enter text.]

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your 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.

Participants of an accredited activity must disclose all personal **financial** and **non-financial relationships**, over the previous 36 months with an **ineligible company** (formerly defined as a commercial interest). **Financial relationships** are those relationships in which the individual benefits by receiving a salary, royalty, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest), or other financial benefits, and may affect activity content relevant to products or services of an **ineligible company**, defined as an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/11/2025

Your Name: ANDREW KIRKPATRICK

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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Date: 8/4/2025

Your Name: YORAM KLUGER

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 9/5/2025

Your Name: Leslie Kobayashi

Manuscript Title: AAS-WSGS GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): [Click or tap here to enter text.]

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your 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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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 9/5/2025

Your Name: Lisa Kurth

Manuscript Title: AAS-WSGS GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your 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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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/14/2025

Your Name: ARI LEPPÄNIEMI

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your 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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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 9/5/2025

Your Name: RON MAIER

Manuscript Title: AAST – WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): [Click or tap here to enter text.](#)

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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 8/19/25

Your Name: Ernest E Moore MD

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): JT-D-

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your 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.

Participants of an accredited activity must disclose all personal **financial** and **non-financial relationships**, over the previous 36 months with an **ineligible company** (formerly defined as a commercial interest). **Financial relationships** are those relationships in which the individual benefits by receiving a salary, royalty, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest), or other financial benefits, and may affect activity content relevant to products or services of an **ineligible company**, defined as an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

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Time frame: Since the initial planning of the work		
1	<div> <input type="checkbox"/> None </div> <div> <div>Prytime</div> <div>Research support paid to institution</div> </div>	

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Time frame: past 36 months											
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td>Haemonetics</td> <td>Research support</td> </tr> <tr> <td>Humacyte</td> <td>Research support</td> </tr> <tr> <td>Hemosonics</td> <td>Research support</td> </tr> </table>		Haemonetics	Research support	Humacyte	Research support	Hemosonics	Research support		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Kcentra DSMB</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Kcentra DSMB						
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Shock Society Foundation</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Shock Society Foundation						
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Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 8/27/2025

Your Name: Andrew B. Peitzman

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 9/5/2025

Your Name: Louis Perkins

Manuscript Title: AAS-WSGS GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): [Click or tap here to enter text.]

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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/5/2025

Your Name: MAURO PODDA

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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Date: 8/1/2025

Your Name: MASSIMO SARTELLI

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/27/2025

Your Name: Thomas M. Scalea, MD

Manuscript Title: [Click or tap here to enter text. AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES]

Manuscript Number (if known): [Click or tap here to enter text.]

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your 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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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 9/5/2025

Your Name: PHILIP STAHEL

Manuscript Title: AAST – WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): [Click or tap here to enter text.](#)

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CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/5/2025

Your Name: EDWARD TAN

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 9/5/2025

Your Name: MATTI TOLONEM

Manuscript Title: AAST – WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): [Click or tap here to enter text.](#)

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 8/18/2025

Your Name: DIETER WEBER

Manuscript Title: AAST-WSES GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF MAJOR THORACIC VASCULAR INJURIES

Manuscript Number (if known): N/A

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your 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.

Participants of an accredited activity must disclose all personal **financial** and **non-financial relationships**, over the previous 36 months with an **ineligible company** (formerly defined as a commercial interest). **Financial relationships** are those relationships in which the individual benefits by receiving a salary, royalty, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest), or other financial benefits, and may affect activity content relevant to products or services of an **ineligible company**, defined as an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Research grants from **ineligible companies** are financial relationships that should be disclosed, even if the funds go to the researcher's institution and not to the individual researcher.

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According to federal regulations approved by the US Senate, any amount equal to above \$10 USD must be disclosed. Although disclosure of the total amount is not required on this form.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

If the article is accepted, all author JTACS COI forms will be published as supplemental material with the article.

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Time frame: Since the initial planning of the work								
1	<div> <div>All support for the present manuscript (e.g., funding, provision of study materials, medical writing,</div> <div> <input checked="" type="checkbox"/> None </div> </div> <table> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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