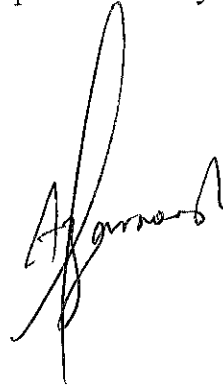


Informed consent statement:

All involved persons (subjects or legally authorized representative) gave their informed consent (written or verbal, as appropriate) prior to study inclusion.

Professeur Kasra AZARNOUSH
Chirurgie Cardio-Vasculaire
CHU Hôpital Gabriel MONTPIED
B.P. 69 - 63003 CLERMONT-FD CEDEX 1
RPPS : 10003175212



Professeur Lionel CAMILLERI
Chirurgie Cardio-Vasculaire
CHU Hôpital Gabriel MONTPIED
B.P. 69 - 63003 CLERMONT-FD CEDEX 1
RPPS : 10003163739

