ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Julian

2. Surname (Last Name)  
   Hoevelmann

3. Date  
   21-March-2020

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

   Corresponding Author’s Name  
   Charle Viljoen

5. Manuscript Title  
   Detection and management of arrhythmias in peripartum cardiomyopathy

6. Manuscript Identifying Number (if you know it)  
   CDT-19-194

## Section 2. The Work Under Consideration for Publication

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   [ ] Yes  
   ✔ No

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Dr. Hoevelmann has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lina

2. Surname (Last Name)  
   Hahnle

3. Date  
   24-March-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   Charle Viljoen

5. Manuscript Title  
   Detection and management of arrhythmias in peripartum cardiomyopathy

6. Manuscript Identifying Number (if you know it)  
   CDT-19-194

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

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Are there any relevant conflicts of interest?  
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□ Yes  ✔ No

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

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Dr Lina Hahnle has nothing to disclose.

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1. Given Name (First Name)  
Julia

2. Surname (Last Name)  
Hahnle

3. Date  
24-March-2020

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☐ Yes  ✔ No  
Corresponding Author’s Name  
Charle Viljoen

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Section 1. Identifying Information

1. Given Name (First Name)  Karen
2. Surname (Last Name)  Sliwa
3. Date  25-March-2020
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name  Charle Viljoen

5. Manuscript Title
Detection and management of arrhythmias in peripartum cardiomyopathy

6. Manuscript Identifying Number (if you know it)
CDT-19-94

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Charle</td>
<td>Viljoen</td>
<td>19-March-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
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