ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Federica</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Catapano</td>
</tr>
<tr>
<td>3. Date</td>
<td>18-May-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
</tr>
</tbody>
</table>

**Corresponding Author's Name**
Nicola Galea

<table>
<thead>
<tr>
<th>5. Manuscript Title</th>
<th>4D Flow imaging of the Thoracic Aorta: is there an added clinical value?</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>CDT-20-452</td>
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Dr. Federica Catapano has nothing to disclose.

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## Section 1. Identifying Information

| 1. Given Name (First Name) | Giacomo |
| 2. Surname (Last Name) | Pambianchi |
| 3. Date | 26-May-2020 |
| 4. Are you the corresponding author? | No |
| Corresponding Author's Name | Nicola Galea |
| 5. Manuscript Title | 4D Flow imaging of the Thoracic Aorta: is there an added clinical value? |
| 6. Manuscript Identifying Number (if you know it) | CDT-20-452 |

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Dr. Pambianchi has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Giulia

2. Surname (Last Name)  
   Cundari

3. Date  
   26-May-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   4D Flow imaging of the Thoracic Aorta: is there an added clinical value?

6. Manuscript Identifying Number (if you know it)  
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### Corresponding Author's Name

Nicola Galea

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1. Given Name (First Name)  
   João

2. Surname (Last Name)  
   Rebelo

3. Date  
   26-May-2020

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

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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1. Given Name (First Name) Francesco
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3. Date 30-March-1991
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Nicola Galea

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Iacopo
2. Surname (Last Name)  Carbone
3. Date  26-May-2020
4. Are you the corresponding author?  
   Yes  
   No  ✔
5. Manuscript Title  
   4D Flow imaging of the Thoracic Aorta: is there an added clinical value?
6. Manuscript Identifying Number (if you know it)  
   CDT-20-452

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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  ✔

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   No  ✔
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Dr. Carbone has nothing to disclose.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Carlo</td>
<td>Catalano</td>
<td>26-May-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
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Dr. Catalano has nothing to disclose.

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Francone
# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Marco</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Francone</td>
</tr>
<tr>
<td>3. Date</td>
<td>26-May-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>✔ No</td>
</tr>
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Dr. Francone has nothing to disclose.

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<tbody>
<tr>
<td>Nicola</td>
<td>Galea</td>
<td>18-May-2020</td>
</tr>
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4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title  
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