

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)
Frank

2. Surname (Last Name)
Heinzel

3. Date
28-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Left Ventricular Dysfunction in Heart Failure with Preserved Ejection Fraction - Molecular Mechanisms and Impact on Right Ventricular Function

6. Manuscript Identifying Number (if you know it)
CDT-2020-RVD-15(CDT-20-477)_R1

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Dr. Heinzl 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) Niklas	2. Surname (Last Name) Hegemann	3. Date 03-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frank R. Heinzel
5. Manuscript Title Left Ventricular Dysfunction in Heart Failure with Preserved Ejection Fraction - Molecular Mechanisms and Impact on Right Ventricular Function		
6. Manuscript Identifying Number (if you know it) CDT-2020-RVD-15(CDT-20-477)_R1		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Felix

2. Surname (Last Name)
Hohendanner

3. Date
30-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Frank R. Heinzel

5. Manuscript Title
Left Ventricular Dysfunction in Heart Failure with Preserved Ejection Fraction - Molecular Mechanisms and Impact on Right Ventricular Function

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Uwe	2. Surname (Last Name) Primessnig	3. Date 28-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frank R. Heinzel
5. Manuscript Title Left Ventricular Dysfunction in Heart Failure with Preserved Ejection Fraction - Molecular Mechanisms and Impact on Right Ventricular Function		
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Jana

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Grune

3. Date

29-July-2020

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Yes No

Corresponding Author's Name

Frank R. Heinzel

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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)
Florian

2. Surname (Last Name)
Blaschke

3. Date
19-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Frank R. Heinzel

5. Manuscript Title
Left Ventricular Dysfunction in Heart Failure with Preserved Ejection Fraction - Molecular Mechanisms and Impact on Right Ventricular Function

6. Manuscript Identifying Number (if you know it)
CDT-2020-RVD-15(CDT-20-477)_R1

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

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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

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Dr. Blaschke 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)
Rudolf

2. Surname (Last Name)
de Boer

3. Date
28-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Frank R. Heinzel

5. Manuscript Title
Left Ventricular Dysfunction in Heart Failure with Preserved Ejection Fraction - Molecular Mechanisms and Impact on Right Ventricular Function

6. Manuscript Identifying Number (if you know it)
CDT-2020-RVD-15(CDT-20-477)_R1

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abbott	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to UMC Groningen
AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to UMC Groningen
Bristol-Myers Squibb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to UMC Groningen
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to UMC Groningen
NovoNordisk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to UMC Groningen
Roche	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to UMC Groningen
Abbott	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker fees
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker fees

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NovoNordisk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker fees
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker fees

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Dr. de Boer reports grants from Abbott, grants from AstraZeneca, grants from Bristol-Myers Squibb, grants from Novartis , grants from NovoNordisk, grants from Roche, personal fees from Abbott, personal fees from AstraZeneca, personal fees from NovoNordisk , personal fees from Roche, 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)

Burkert

2. Surname (Last Name)

Pieske

3. Date

16-August-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Frank R. Heinzel

5. Manuscript Title

Left Ventricular Dysfunction in Heart Failure with Preserved Ejection Fraction - Molecular Mechanisms and Impact on Right Ventricular Function

6. Manuscript Identifying Number (if you know it)

CDT-2020-RVD-15(CDT-20-477)_R1

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Pieske 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)
Gabriele

2. Surname (Last Name)
Schiattarella

3. Date
28-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Frank R. Heinzel

5. Manuscript Title
Left Ventricular Dysfunction in Heart Failure with Preserved Ejection Fraction - Molecular Mechanisms and Impact on Right Ventricular Function

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Dr. Schiattarella 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) Wolfgang 2. Surname (Last Name) Kuebler 3. Date 28-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Frank R. Heinzel

5. Manuscript Title
Left Ventricular Dysfunction in Heart Failure with Preserved Ejection Fraction - Molecular Mechanisms and Impact on Right Ventricular Function

6. Manuscript Identifying Number (if you know it)
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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Heart and Stroke Foundation of Canada	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
German Center for Cardiovascular Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
German Research Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
German Ministry for Education and Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Kuebler reports grants from Heart and Stroke Foundation of Canada, grants from German Center for Cardiovascular Research, grants from German Research Foundation, grants from German Ministry for Education and Research, during the conduct of the study; .

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