

ICMJE DISCLOSURE FORM

Date: April 10th, 2021
 Your Name: Astrid E. Lammers
 Manuscript Title: A guide to echocardiographic assessment in children and adolescents with pulmonary hypertension
 Manuscript number (if known): CDT-2020-PPH-16(CDT-21-135)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the 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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2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Actelion Global, Johnson and Johnson	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	Actelion Global, Johnson and Johnson	
8	Patents planned, issued or pending	___ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

Dr. Lammers has received support from Actelion Germany/Global and Johnson and Johnson.

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

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

ICMJE DISCLOSURE FORM

Date:_____16.june.2021

Your Name:_____Christian Apitz

Manuscript Title:___ A guide to echocardiographic assessment in children and adolescents with pulmonary hypertension

Manuscript number (if known):_____ CDT-2020-PPH-14(CDT-21-119)

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4	Consulting fees	____None	

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6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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See above.

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ICMJE DISCLOSURE FORM

Date: _____ 16-June-202

Your Name: _____ Ina Michel-Behnke

Manuscript Title: ____ A guide to echocardiographic assessment in children and adolescents with pulmonary hypertension

Manuscript number (if known): _____ CDT-2020-PPH-14(CDT-21-119)

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7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ J&J	
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11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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I have no conflicts of interest to declare.

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

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ICMJE DISCLOSURE FORM

Date: 16.june.2021

Your Name: _____ Martin Koestenberger

Manuscript Title: ____ A guide to echocardiographic assessment in children and adolescents with pulmonary hypertension

Manuscript number (if known): _____ CDT-2020-PPH-14(CDT-21-119)

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