

ICMJE DISCLOSURE FORM

Date: 7/3/2024

Your Name: [Eduard Krishtopaytis]

Manuscript Title: [Number of Attempts and Interventions to Obtain a Valid Pulmonary Artery Wedge Pressure]

Manuscript Number (if known): Click or tap here to enter text.

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

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Date: 7/3/2024

Your Name: [Mohammed Obeidat]

Manuscript Title: [Number of Attempts and Interventions to Obtain a Valid Pulmonary Artery Wedge Pressure]

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Your Name: [Fatima Abdeljaleel]

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Date: 7/3/2024

Your Name: [James Lane]

Manuscript Title: [Number of Attempts and Interventions to Obtain a Valid Pulmonary Artery Wedge Pressure]

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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: 7/3/2024

Your Name: David Toth

Manuscript Title: Number of Attempts and Interventions to Obtain a Valid Pulmonary Artery Wedge Pressure

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 7/3/2024

Your Name: [Deborah Paul]

Manuscript Title: [Number of Attempts and Interventions to Obtain a Valid Pulmonary Artery Wedge Pressure]

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 7/3/2024

Your Name: [Matthew T. Siuba]

Manuscript Title: [Number of Attempts and Interventions to Obtain a Valid Pulmonary Artery Wedge Pressure]

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 7/3/2024

Your Name: [Adriano R. Tonelli]

Manuscript Title: [Number of Attempts and Interventions to Obtain a Valid Pulmonary Artery Wedge Pressure]

Manuscript Number (if known): Click or tap here to enter text.

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