

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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) Kwame	2. Surname (Last Name) Atsina	3. Date 20-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Horst Olschewski, Grazyna Kwapiszewska
5. Manuscript Title Disconnect between fibrotic response and right ventricular dysfunction		
6. Manuscript Identifying Number (if you know it) Blue-201809-1737OC.R1		

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Dr. Atsina 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)
Friedrich

2. Surname (Last Name)
Fruhwald

3. Date
29-November-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Horst Olschewski, Grazyna Kwapiszewska

5. Manuscript Title

Disconnect between fibrotic response and right ventricular dysfunction

6. Manuscript Identifying Number (if you know it)

Blue-201809-1737OC.R1

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Dr. Fruhwald has nothing to disclose.

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1. Given Name (First Name) Dirk	2. Surname (Last Name) Lassner	3. Date 21-November-2018
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Dr. Lassner has nothing to disclose.

Dr. Lassner
21. Nov 18

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Section 1. Identifying Information

1. Given Name (First Name)
Walter

2. Surname (Last Name)
Klepetko

3. Date
03-December-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Horst Olschewski, Grazyna Kwapiszewska

5. Manuscript Title

Disconnect between fibrotic response and right ventricular dysfunction

6. Manuscript Identifying Number (if you know it)

Blue-201809-1737OC.R1

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Klepetko, MD has nothing to disclose.

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1. Given Name (First Name) Bahil	2. Surname (Last Name) Ghanim	3. Date 21-November-2018
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Dr. Ghanim has nothing to disclose.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)
Slaven

2. Surname (Last Name)
Crnkovic

3. Date
21-November-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Horst Olschewski, Grazyna Kwapiszewska

5. Manuscript Title
Disconnect between fibrotic response and right ventricular dysfunction

6. Manuscript Identifying Number (if you know it)
Blue-201809-1737OC.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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Damico has nothing to disclose.

Evaluation and Feedback

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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)
Horst

2. Surname (Last Name)
Olschewski

3. Date
28-November-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Disconnect between fibrotic response and right ventricular dysfunction

6. Manuscript Identifying Number (if you know it)
Blue-201809-1737OC.R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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
Actelion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Boehringer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chiesi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Menarini	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inventiva	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bellerophon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Olschewski reports grants, personal fees and non-financial support from Actelion, personal fees and non-financial support from Bayer, grants, personal fees and non-financial support from Boehringer, personal fees from Chiesi, personal fees and non-financial support from GSK, personal fees and non-financial support from Menarini, grants, personal fees and non-financial support from MSD, grants from Inventiva, personal fees from Bellerophon, grants from Roche, personal fees from Astra Zeneca, personal fees from Pfizer, personal fees from Novartis, outside the submitted work; .

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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) Stephen 2. Surname (Last Name) Mathai 3. Date 26-November-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Horst Olschewski, Grazyna Kwapiszewska

5. Manuscript Title
Disconnect between fibrotic response and right ventricular dysfunction

6. Manuscript Identifying Number (if you know it)
Blue-201809-1737OC.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

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
Arena	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
Actelion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultant
United Therapeutics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	clinical trial

Section 3. Relevant financial activities outside the submitted work.

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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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Mathai reports personal fees from Arena, grants and personal fees from Actelion, grants from United Therapeutics, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Olschewski	3. Date 27-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Horst Olschewski, Grazyna Kwapiszewska
5. Manuscript Title Disconnect between fibrotic response and right ventricular dysfunction		
6. Manuscript Identifying Number (if you know it) Blue-201809-1737OC.R1		

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Are there any relevant conflicts of interest? Yes No

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Dr. A Olschewski has nothing to disclose.

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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) Todd	2. Surname (Last Name) Kolb	3. Date 26-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Horst Olschewski, Grazyna Kwapiszewska
5. Manuscript Title Disconnect between fibrotic response and right ventricular dysfunction		
6. Manuscript Identifying Number (if you know it) Blue-201809-1737OC.R1		

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Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Kolb has nothing to disclose.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Slaven	2. Surname (Last Name) Crnkovic	3. Date 21-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Horst Olschewski, Grazyna Kwapiszewska
5. Manuscript Title Disconnect between fibrotic response and right ventricular dysfunction		
6. Manuscript Identifying Number (if you know it) Blue-201809-1737OC.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

Section 3. Relevant financial activities outside the submitted work.

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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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Crnkovic has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bakytbek	2. Surname (Last Name) Egemnazarov	3. Date 25-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Horst Olschewski, Grazyna Kwapiszewska
5. Manuscript Title Disconnect between fibrotic response and right ventricular dysfunction		
6. Manuscript Identifying Number (if you know it) Blue-201809-1737OC.R1		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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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

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Dr. Egemnazarov has nothing to disclose.

Evaluation and Feedback

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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) Leigh	2. Surname (Last Name) Marsh	3. Date 21-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Horst Olschewski, Grazyna Kwapiszewska
5. Manuscript Title Disconnect between fibrotic response and right ventricular dysfunction		
6. Manuscript Identifying Number (if you know it) Blue-201809-1737OC.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

Section 3. Relevant financial activities outside the submitted work.

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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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Marsh has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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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) Bence M.	2. Surname (Last Name) Nagy	3. Date 21-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Horst Olschewski, Grazyna Kwapiszewska
5. Manuscript Title Disconnect between fibrotic response and right ventricular dysfunction		
6. Manuscript Identifying Number (if you know it) Blue-201809-1737OC.R1		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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

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Section 6. Disclosure Statement

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Dr. Nagy has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Philipp

2. Surname (Last Name)
Douschan

3. Date
21-November-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Horst Olschewski, Grazyna Kwapiszewska

5. Manuscript Title
Disconnect between fibrotic response and right ventricular dysfunction

6. Manuscript Identifying Number (if you know it)
Blue-201809-1737OC.R1

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Are there any relevant conflicts of interest? Yes No

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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
Actelion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Astra Zeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bayer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
GSK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MSD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Teva	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Boehringer Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Vifor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Menarini	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Douschan reports personal fees and non-financial support from Actelion, non-financial support from Astra Zeneca, non-financial support from Bayer, non-financial support from GSK, non-financial support from MSD, non-financial support from Novartis, non-financial support from Teva, non-financial support from Boehringer Ingelheim, non-financial support from Vifor, non-financial support from Menarini, 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)

Paul M.

2. Surname (Last Name)

Hassoun

3. Date

03-December-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Grazyna Kwapiszewska

5. Manuscript Title

Disconnect between fibrotic response and right ventricular dysfunction

6. Manuscript Identifying Number (if you know it)

Blue-201809-1737OC.R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

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1. Given Name (First Name)

Jody

2. Surname (Last Name)

Hooper

3. Date

21-November-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Horst Olschewski, Grazyna Kwapiszewska

5. Manuscript Title

Disconnect between fibrotic response and right ventricular dysfunction

6. Manuscript Identifying Number (if you know it)

Blue-201809-1737OC.R1

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

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Grazyna

2. Surname (Last Name)
Kwapiszewska

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21-November-2018

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