

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)

Kari

2. Surname (Last Name)

Gillmeyer

3. Date

02-August-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Multisystem Healthcare Use among U.S. Veterans with Pulmonary Hypertension

6. Manuscript Identifying Number (if you know it)

White-201902-109RL

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.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Gillmeyer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Seppo	2. Surname (Last Name) Rinne	3. Date 31-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kari Gillmeyer
5. Manuscript Title Multisystem Healthcare Use among U.S. Veterans with Pulmonary Hypertension		
6. Manuscript Identifying Number (if you know it) White-201902-109RL.R1		

Section 2. The Work Under Consideration for Publication

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Dr. Rinne has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Klings

3. Date
05-August-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Kari Gillmeyer, MD

5. Manuscript Title
Multisystem Healthcare Use among U.S. Veterans with Pulmonary Hypertension

6. Manuscript Identifying Number (if you know it)
White-201902-109RL

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
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adjudication committee for episodes of acute chest syndrome in the Phase 3 trial of Rivipansel
Actelion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site PI for clinical trial of PAH medications
Reata	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site PI for clinical trial of PAH medication
Eiger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site PI for clinical trial of PAH medication
Arena/United Therapeutics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site PI for clinical trial of PAH medication

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Bayer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site PI for clinical trial of PAH medication
Micelle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member of the data and safety monitoring board for Phase 3 clinical trial of a sickle cell disease medication
Incyte	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site PI for clinical trial of sickle cell disease medication
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Invited member of sickle cell disease severity committee

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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Dr. Klings reports other from Pfizer, grants from Actelion, grants from Reata, grants from Eiger, grants from Arena/United Therapeutics, grants from Bayer, other from Micelle, grants from Incyte, personal fees from Novartis, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Bradley

2. Surname (Last Name)
Maron

3. Date
01-August-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kari Gillmeyer

5. Manuscript Title
Multisystem Healthcare Use among U.S. Veterans with Pulmonary Hypertension

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White-201902-109RL.R1

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Dr. Maron has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kyung Min	2. Surname (Last Name) Lee	3. Date 18-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kari Gillmeyer
5. Manuscript Title Multisystem Healthcare Use among U.S. Veterans with Pulmonary Hypertension		
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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) Donald	2. Surname (Last Name) Miller	3. Date 30-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kari Gillmeyer
5. Manuscript Title Multisystem Healthcare Use among U.S. Veterans with Pulmonary Hypertension		
6. Manuscript Identifying Number (if you know it) White-201902-109RL.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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Qing	2. Surname (Last Name) Shao	3. Date 01-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gillmeyer, Kari
5. Manuscript Title Multisystem Healthcare Use among U.S. Veterans with Pulmonary Hypertension		
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Dr. Shao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Renda

2. Surname (Last Name)
Wiener

3. Date
01-August-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
Multisystem Healthcare Use among U.S. Veterans with Pulmonary Hypertension

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
VA HSR&D IIR 15-115	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Wiener reports grants from VA HSR&D IIR 15-115, during the conduct of the study; .

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