

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.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pablo

2. Surname (Last Name)
Paz

3. Date
18-July-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Therapy for Heart Failure with Preserved Ejection Fraction

6. Manuscript Identifying Number (if you know it)

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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Dr. Paz 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) Barbara	2. Surname (Last Name) Mantilla	3. Date 19-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pablo Paz, MD.
5. Manuscript Title Therapy for Heart Failure with Preserved Ejection Fraction		
6. Manuscript Identifying Number (if you know it) ATM-2020-HF-03(ATM-20-4602)		

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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Dr. Mantilla has nothing to disclose.

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1. Given Name (First Name)
Erwin

2. Surname (Last Name)
Argueta Sosa

3. Date
19-July-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Pablo Paz, MD

5. Manuscript Title

The Holy Grail: Update on Pharmacotherapy for Heart Failure with Preserved Ejection Fraction

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ATM-2020-HF-03(ATM-20-4602)

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Debabrata

2. Surname (Last Name)

Mukherjee

3. Date

20-July-2020

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☐ Yes

☒ No

Corresponding Author's Name

Pablo Paz, MD

5. Manuscript Title

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Dr. Mukherjee has nothing to disclose.

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