

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.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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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

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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)
Martin

2. Surname (Last Name)
Koestenberger

3. Date
14-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Pei-Ni JONE

5. Manuscript Title

Update on Non-Invasive Imaging of RV Dysfunction in Pulmonary Hypertension

6. Manuscript Identifying Number (if you know it)

CDT-2020-RVD-06(CDT-20-272)

Section 2. The Work Under Consideration for Publication

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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

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Section 6. Disclosure Statement

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Dr. Koestenberger 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) Dunbar 2. Surname (Last Name) Ivy 3. Date 08-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Pei-Ni Jone

5. Manuscript Title
Update on Non-Invasive Imaging of RV Dysfunction in Pulmonary Hypertension

6. Manuscript Identifying Number (if you know it)
CDT-2020-RVD-06(CDT-20-272)

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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UC SOM receives fees for Dr Ivy to be a consultant
Bayer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UC SOM receives fees for Dr Ivy to be a consultant
Glaxo Smith Kline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UC SOM receives fees for Dr Ivy to be a consultant
Liquidia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UC SOM receives fees for Dr Ivy to be a consultant
United Therapeutics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UC SOM receives fees for Dr Ivy to be a consultant

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Lilly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UC SOM receives fees for Dr Ivy to be a consultant

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Dr. Ivy reports grants and non-financial support from Actelion, grants from Bayer, grants from Glaxo Smith Kline, grants from Liquidia, grants and non-financial support from United Therapeutics, grants from Lilly, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Pei-Ni

2. Surname (Last Name)
Jones

3. Date
08-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Update on Non-Invasive Imaging of RV Dysfunction in Pulmonary Hypertension

6. Manuscript Identifying Number (if you know it)
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Dr. Jone 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) Uyen 2. Surname (Last Name) Truong 3. Date 02-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Pei-Ni Jone

5. Manuscript Title
Update on Non-Invasive Imaging of RV Dysfunction in Pulmonary Hypertension

6. Manuscript Identifying Number (if you know it)
CDT-2020-RVD-06(CDT-20-272)

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input 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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Dr. Truong reports grants from NIH NHLBI, from null, 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)
Francois

2. Surname (Last Name)
Haddad

3. Date
10-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Pei-Ni Jone

5. Manuscript Title
Update on Non-Invasive Imaging of RV Dysfunction in Pulmonary Hypertension

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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) Jørn 2. Surname (Last Name) Carlsen 3. Date 10-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Pei-Ni Jone

5. Manuscript Title
Update on Non-Invasive Imaging of RV Dysfunction in Pulmonary Hypertension

6. Manuscript Identifying Number (if you know it)
CDT-2020-RVD-06(CDT-20-272)

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copenhagen University Hospital, Rigshospitalet receives an unrestricted research grant, consultant and fees to perform clinical trials by Dr. Carlsen
Astra Zeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copenhagen University Hospital, Rigshospitalet receives teaching fees for Dr. Carlsen
United Therapeutics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copenhagen University Hospital, Rigshospitalet receives fees to perform clinical trials by Dr. Carlsen

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Carlsen reports grants and other from Actelion , grants from Astra Zeneca , grants from United Therapeutics, outside the submitted work; .

Evaluation and Feedback

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

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".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Meinel

2. Surname (Last Name)
Katharina

3. Date
10-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Pei-Ni Jone

5. Manuscript Title
Update on Non-Invasive Imaging of RV Dysfunction in Pulmonary Hypertension

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Are there any relevant conflicts of interest? Yes No

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Dr. Katharina has nothing to disclose.

Evaluation and Feedback

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