

#### **Instructions**

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## Identifying information.

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# 4. Intellectual Property.

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

# Relationships not covered above.

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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

Koestenberger 1



Section 1.	Identifying Inform	nation	
Given Name (Firs     Martin	st Name)	2. Surname (Last Name) Koestenberger	3. Date 14-April-2020
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Pei-Ni JONE
5. Manuscript Title Update on Non-Ir	nvasive Imaging of RV	Dysfunction in Pulmonary	Hypertension
6. Manuscript Ident CDT-2020-RVD-06	tifying Number (if you kn 6(CDT-20-272)	now it)	
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the su statistical analysis, e	ıbmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation) clicking the "Add	with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4.	Intellectual Proper	ty Patents & Copyrig	yhts
Do you have any բ	patents, whether plani	ned, pending or issued, br	oadly relevant to the work? ☐ Yes 🗸 No

Koestenberger 2



Section 5. Polationships not sovered above
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.
Sertion 6
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. Koestenberger has nothing to disclose.

### **Evaluation and Feedback**

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

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lvy 1



Continu 1								
Section 1.	Identifying Information							
1. Given Name (Fi Dunbar	rst Name)	2. Surnar Ivy	ne (Last Nar	me)		3. Date 08-April-2020		
4. Are you the corresponding author? Yes ✓ No			Correspond Pei-Ni Jon	-	or's Name			
5. Manuscript Titl Update on Non-	e Invasive Imaging of RV	Dysfunctio	on in Pulmo	onary Hypertensio	on			
6. Manuscript Ide CDT-2020-RVD-0	ntifying Number (if you kn 06(CDT-20-272)	ow it)						
Section 2.	The Work Under Co	onsidera	tion for P	ublication				
Did you or your institution <b>at any time</b> 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.			
of compensation	n) with entities as descri	bed in the	instruction	ns. Use one line fo	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by a <b>36 months prior to publication</b> .		
•	evant conflicts of intere			No				
If yes, please fill o	out the appropriate info	ormation b	elow.					
Name of Entity		Grant?	Personal Fees	Non-Financial Support?	Other?	Comments		
Actelion		<b>✓</b>		<b>✓</b>		UC SOM receives fees for Dr Ivy to be a consultant		
Bayer		<b>✓</b>				UC SOM receives fees for Dr Ivy to be a consultant		
Glaxo Smith Kline		<b>✓</b>				UC SOM receives fees for Dr Ivy to be a consultant		
Liquidia		<b>✓</b>				UC SOM receives fees for Dr Ivy to be a consultant		
Jnited Therapeutics		<b>✓</b>		<b>✓</b>		UC SOM receives fees for Dr Ivy to be a consultant		

lvy 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Lilly	✓				UC SOM receives fees for Dr Ivy to be a consultant	
Section 4. Intellectual Propert	y Pate	ents & Co	pyrights			
Do you have any patents, whether plann	·			nt to the	work? Yes V	
Section 5. Relationships not c	overed	above				
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of	
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Based on the above disclosures, this forn below.	n will autc	omatically	generate a disclos	sure state	ment, which will appear in the box	
Dr. Ivy reports grants and non-financial s from Liquidia, grants and non-financial s				, ,	. 5	

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Jone 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Pei-Ni	2. Surname (Last Name) Jone	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 kr CDT-2020-RVD-06(CDT-20-272)	now it)	
Sertion 2		
Section 2. The Work Under Co	onsideration for Publication	
	ive payment or services from a third party (government, cogo but not limited to grants, data monitoring board, study dest?	
Section 3. Relevant financial		
Relevant financial	activities outside the submitted work.	
of compensation) with entities as descri	In the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36</b> pest? Yes Vo	add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	x? ☐ Yes ✓ No

Jone 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
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Dr. Jone has noth	ning to disclose.

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rt testimony, employment, or other affiliations patent

-Financial Support: Examples include drugs/equipment

Truong 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Uyen	rst Name)	2. Surname (Last Name Truong	3. Date 02-April-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Pei-Ni Jone
5. Manuscript Title Update on Non-l		Dysfunction in Pulmon	ary Hypertension
6. Manuscript Ider CDT-2020-RVD-0	ntifying Number (if you kr 16(CDT-20-272)	now it)	
Section 2.	The Work Under C	onsideration for Pul	olication
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants	om a third party (government, commercial, private foundation, etc.) for , data monitoring board, study design, manuscript preparation,
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of compensation clicking the "Add Are there any rele	) with entities as descr	ibed in the instructions port relationships that vest?	whether you have financial relationships (regardless of amount . Use one line for each entity; add as many lines as you need by were <b>present during the 36 months prior to publication</b> .
Name of Entity		Grant? Personal Fees?	Non-Financial Other? Comments
NIH NHLBI			
Section 4.			
occion 4.	Intellectual Prope	rty Patents & Copy	vrights
Do you have any	patents, whether plan	ned, pending or issued	, broadly relevant to the work? Yes V No

Truong 2



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Dr. Truong reports grants from NIH NHLBI, from null, outside the submitted work;.

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Haddad 1



Section 1. Ide	ntifying Informatio	n		
Given Name (First Nat Francois		Surname (Last Name) ddad		3. Date 10-April-2020
4. Are you the correspor	nding author?	Yes 🗸 No	Corresponding Author's Nar Pei-Ni Jone	me
5. Manuscript Title Update on Non-Invasi	ve Imaging of RV Dysfu	unction in Pulmonai	y Hypertension	
6. Manuscript Identifyin	g Number (if you know it)	)		
Section 2. The	Work Under Consid	deration for Publ	ication	
	ted work (including but r		n a third party (government, cor lata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3. Rele	evant financial activ	vities outside the	submitted work.	
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Section 4. Inte	ellectual Property	Patents & Copyr	ights	
Do you have any pate	nts, whether planned, լ	pending or issued, b	proadly relevant to the work?	☐ Yes 🗸 No

Haddad 2



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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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## 4. Intellectual Property.

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

# Relationships not covered above.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**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

Carlsen 1



Section 1. Identifying Information	ation						
			2 D.u.				
1. Given Name (First Name) Jørn	2. Surname (Last Nar Carlsen	ne)	3. Date 10-April-2020				
4. Are you the corresponding author?	☐ Yes ✓ No	Correspond Pei-Ni Jon	ding Author's Name ne				
5. Manuscript Title Update on Non-Invasive Imaging of RV [	Dysfunction in Pulmo	onary Hypertensi	on				
6. Manuscript Identifying Number (if you kno CDT-2020-RVD-06(CDT-20-272)	ow it)						
Section 2							
Section 2. The Work Under Co	nsideration for P	ublication					
Did you or your institution <b>at any time</b> 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. Belovent financial a							
Relevant financial a	activities outside	the submitted	work.				
of compensation) with entities as describ clicking the "Add +" box. You should rep	oed in the instruction ort relationships tha	ns. Use one line fo It were <b>present d</b>	ave financial relationships (regardless of aror each entity; add as many lines as you ne luring the 36 months prior to publication	ed by			
Are there any relevant conflicts of intered lf yes, please fill out the appropriate info		No					
ii yes, piease iiii out the appropriate iiiio		_					
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments				
Actelion	<b>V</b>		Copenhagen University Hospital, Rigshospitalet receives an unrestricted research grant, consultant and fees to perform clinical trials by Dr. Carlsen				
Astra Zeneca	<b>V</b>		Copenhagen University Hospital, Rigshospitalet receives teaching fee for Dr. Carlsen	<u> </u>			
United Therapeutics	<b>/</b>		Copenhagen University Hospital, Rigshospitalet receives fees to perform clinical trials by Dr. Carlsen				

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Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume 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 <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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#### **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.

## Identifying information.

## 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".

### 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.

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

Katharina 1



Section 1. Identifying Inform	nation	
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
6. Manuscript Identifying Number (if you k CDT-2020-RVD-06(CDT-20-272)	now it)	
		_
Section 2. The Work Under C	Consideration for Public	cation
Did you or your institution <b>at any time</b> 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 s	ubmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo		
Section 4. Intellectual Prope	rty Patents & Copyrig	ghts
Do you have any patents, whether plan		

Katharina 2



Section 5.		
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. Katharina ha	s nothing to disclose.	

## **Evaluation and Feedback**

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