

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sara	2. Surname (Last Name) Seitun	3. Date 10-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Alberto Clemente
5. Manuscript Title Cardiac CT perfusion and FFRCTA: pathophysiological features in ischemic heart disease		
6. Manuscript Identifying Number (if you know it) CDT-20-414		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Sara Seitun has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Alberto

2. Surname (Last Name)

Clemente

3. Date

10-April-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Cardiac CT perfusion and FFRCTA: pathophysiological features in ischemic heart disease

6. Manuscript Identifying Number (if you know it)

CDT-20-414

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Dr. Alberto Clemente 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)  
Cecilia

2. Surname (Last Name)  
De Lorenzi

3. Date  
10-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dr. Alberto Clemente

5. Manuscript Title  
Cardiac CT perfusion and FFRCTA: pathophysiological features in ischemic heart disease

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Dr. Cecilia De Lorenzi has nothing to disclose.

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1. Given Name (First Name) Stefano	2. Surname (Last Name) Benenati	3. Date 10-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Alberto Clemente
5. Manuscript Title Cardiac CT perfusion and FFRCTA: pathophysiological features in ischemic heart disease		
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Dr. Stefano Benenati has nothing to disclose.

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1. Given Name (First Name)  
Dante

2. Surname (Last Name)  
Chiappino

3. Date  
10-April-2020

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name  
Dr. Alberto Clemente

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Dr. Dante Chiappino has nothing to disclose.

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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)  
Cesare

2. Surname (Last Name)  
Mantini

3. Date  
10-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dr. Alberto Clemente

5. Manuscript Title  
Cardiac CT perfusion and FFRCTA: pathophysiological features in ischemic heart disease

6. Manuscript Identifying Number (if you know it)  
CDT-20-414

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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

### 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. Cesare Mantini 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) ANTONIS	2. Surname (Last Name) SAKELLARIOS	3. Date 10-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Alberto Clemente
5. Manuscript Title Cardiac CT perfusion and FFRCTA: pathophysiological features in ischemic heart disease		
6. Manuscript Identifying Number (if you know it) CDT-20-414		

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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
FORTH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EU funded project: SMARTool, GA: 689068

### Section 3. Relevant financial activities outside the submitted work.

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Dr. Antonis I. SAKELLARIOS reports grants from FORTH during the conduct of the study.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Filippo

2. Surname (Last Name)  
Cademartiri

3. Date  
10-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dr. Alberto Clemente

5. Manuscript Title  
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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. Filippo Cademartiri 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)  
Gian Paolo

2. Surname (Last Name)  
Bezante

3. Date  
14-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dr. Alberto Clemente

5. Manuscript Title  
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Dr. Gian Paolo Bezante has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Italo

2. Surname (Last Name)

Porto

3. Date

14-April-2020

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☐ Yes

☒ No

Corresponding Author's Name

Alberto Clemente

5. Manuscript Title

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Dr. Italo Porto has nothing to disclose.

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