

## 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) Jannos	2. Surname (Last Name) Siaplaouras	3. Date 04-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Apitz
5. Manuscript Title Effects of exercise training on heart rate variability in children and adolescents with pulmonary arterial hypertension - A pilot study		
6. Manuscript Identifying Number (if you know it) CDT-2020-PPH-03(CDT-20-263)		

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Dr. Siaplaouras has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Marc

2. Surname (Last Name)

Frerix

3. Date

04-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Christian Apitz

5. Manuscript Title

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1. Given Name (First Name)

Anita

2. Surname (Last Name)

Apitz

3. Date

04-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Christian Apitz

5. Manuscript Title

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David

2. Surname (Last Name)

Zöller

3. Date

04-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Christian Apitz

5. Manuscript Title

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Apitz

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04-May-2020

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