

ICMJE DISCLOSURE FORM

Date: ~~Feb. 25th, 2021~~ *13 April 2023*
 Your Name: ~~Eunice Xu~~ *Prof Patrick Kovari*
 Manuscript Title: ~~XXXXXXXX~~ *Chronic Thrombotic Thrombocytopenic Syndrome*
 Manuscript number (if known): *Early recognition led to optimal therapy and durable with disease remission. ATN 23-1288*

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None
3	Royalties or licenses	<input checked="" type="checkbox"/> None
4	Consulting fees	<input checked="" type="checkbox"/> None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

[Handwritten signature]
13 April 2023

Pr P. HONORE
 Chef de Service
 Soins intensifs
 CHU UCL Namur/ Site Godinne
 Av. G. Thérasse, 1
 B5530 Yvoir (Belgique)
 N° INAMI : 1-8520070-580

ICMJE DISCLOSURE FORM

Date: March 13th, 2023

Name: BOUSBIAT Ibrahim

Manuscript Title: Chronic thromboembolic pulmonary hypertension: early recognition leads to optimal therapy and drastically decreases mortality

Manuscript number:

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	

Dr Ibrahim BOUSBIAT
 Anesthésie-Réanimation
 CHU Saint-Pierre Bruxelles
 INAMI : 1-07575-26-000
 T. +32 02 535 35 98



	manuscript writing or educational events		
6	Payment for expert testimony	None	
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 Anesthésie-Réanimation
 CHU Saint-Pierre Bruxelles
 INAMI : 1-07575-26-000
 T. +32 02 535 35 98



ICMJE DISCLOSURE FORM

Date: April 10th 2023

Your Name: Marlynn Emily Perriens

Manuscript Title: "Chronic thromboembolic pulmonary hypertension: early recognition leads to optimal therapy and drastically decreases mortality !"

Manuscript number (if known): ATM-23-1288

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	__X__ None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

<p>None. Marlynn Emily Perriens</p> 

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: April 9th 2023

Your Name: BLACKMAN, Sydney

Manuscript Title: Chronic thromboembolic pulmonary hypertension: early recognition leads to optimal therapy and drastically decreases mortality

Manuscript number (if known): ATN 23-1288

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 12 April 2023

Your Name: Vornicu Ovidiu Ionut

Manuscript Title Editorial : Chronic thromboembolic pulmonary hypertension: early recognition leads to optimal therapy and drastically decreases mortality !

Manuscript number (if known): ATM-23-1288

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3	Royalties or licenses	None	
4	Consulting fees	_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dr. O. VORNICU
 Anesthésie
 CHU UCL Namur/ Site Godinne
 Av. G. Thérasse, 1
 B5530 Yvoir (Belgique)
 INAMI : 1-5945810-100

ICMJE DISCLOSURE FORM

Date: April 07th, 2023

Your Name: Michaux Isabelle

Manuscript Title: Chronic thromboembolic pulmonary hypertension: early recognition leads to optimal therapy and drastically decreases mortality!

Manuscript number (if known): ATM-23-1288

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4	Consulting fees	<input checked="" type="checkbox"/> None	
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None.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Michael
March 7th 2023

ICMJE DISCLOSURE FORM

Date: March 28th, 2023

Your Name: Dincq Anne-Sophie

Manuscript Title: "Chronic thromboembolic pulmonary hypertension: early recognition leads to optimal therapy and drastically decreases mortality !"

Manuscript number (if known): ATM-23-1288

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DINCO Anne-Sophie

23.03.23

Pr. A-S. DINCO
 G. Anesthésiste
 CHU de Namur/ Site Godinne
 Av. G. Thérasse, 1
 B5530 Yvoir (Belgique)
 INAMI : 1-8815624-100

ICMJE DISCLOSURE FORM

Date: ~~Feb. 25th, 2021~~ 12 April 2023
 Your Name: ~~Eunice Xu~~ ATTN 23-1288 Prof PATRICK EVRARD
 Manuscript Title: XXXXXXXX Chronic Bombenoble's p/honary
 Manuscript number (if known): Hypertension: Corby Recognition body 70 optically and

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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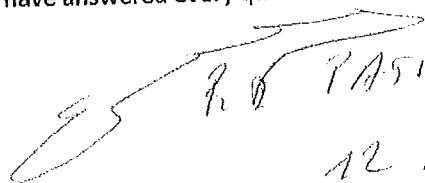
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 R. D. PASIRICK
12 APRIL 2023

ICMJE DISCLOSURE FORM

Date: Feb. 25th, 2021 *11 April 2023*

Your Name: Eunice Xu *Prof Pien Bulpa*

Manuscript Title: XXXXXXXX *ATM 23-1288*

Manuscript number (if known): *Chronic Unbearable pulmonary hypertension: a new recognition leads to optimal therapy and overall disease*

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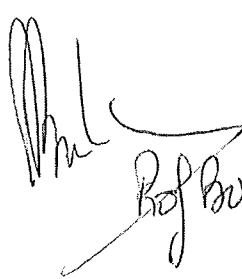
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11 April 2023


Prof Bulpa Cleere