Date:Feb. 25 <sup>th</sup> , 2021	13 Afril 623	
Your Name:Eunice Xu	Ref CATONICK Schille	ho are Kentanion;
Manuscript Title:XXXXXXX_	Morrice Harbert	0019
Manuscript number (if known):	Only recognition led 10	That threfy and
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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)
	The state of the s	Time frame: Since the initi	al 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.	X_None	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
ò	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	X_None
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None
13	Other financial or non- financial interests	XNone

None.			

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

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

Pr P. HONORE
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B5530 Yvoir (Belgique)
N° INAMI: 1-8520070-580

13 April 223

Date: March 13<sup>th</sup>, 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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	None	
20		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

None	

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

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

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

Date: April 10<sup>th</sup> 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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		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non- financial interests	XNone	

None. Marlynn Emily Perriëns
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Please place an "X" next to the following statement to indicate your agreement:

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

Date:April 9 <sup>th</sup> 2023	
our Name:BLACKMAN, Sydney	
Vlanuscript Title:Chronic thromboembolic pulmon	ary hypertension: early recognition leads to optimal therapy and
drastically decreases mortality	23-1288
Manuscript number (if known):# T //	2) 7208

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	是 1000 1000 1000 1000	Time frame: Since the initi	al 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.	XNone	
	ALCOHOL BERTHAN	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events	V No.	
6	Payment for expert testimony	XNone	
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	
_	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy group, paid or unpaid		
		X None	
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
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None.

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

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

E lockman

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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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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_None	
3	Royalties or licenses	None	
4	Consulting fees	_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	er 12 koril 2023 z Namer, Vocalco Oribio britat Manuscript Title follorigh: Chronic tio recognition teads to optimal therapy a
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	to a vice like on programme to to reserve on the serve of
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	Themself in the present same models of

None.				

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

X 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
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INAMI: 1-5945810-100

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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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.	XNone	
TW <sub>2</sub>	Section 1985 The Section 1985	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
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4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	e Namen - Michael Izabelia - Ledat Title Chronic Hasenbucksholic pulsonia Tapy and drastically detroases inbitalityle issuript wumber (it known): ATM 23-1288
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	re interest of transparency, we ask you to disclose all sed to the content of your manuscrior. "Belated" makes whose interests may be affected by the content or reperce of and document or secretary and documents of the content of t
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	euthor a resourcement accommendation and the representation of hypertension, you should declare
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	Ancar X Insert and the program in a spirit and the program

No

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

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this Twicker March 7th 2023 form.

Date:March 28 <sup>th</sup> , 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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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

None	
None.	
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Please place an "X" next to the following statement to indicate your agreement:

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

muca brue Sphie 23.05.23

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INAM!: 1-8815624-100

Date:Feb. 25th, 2021	ICMJE DISCLOSURE FORM
Manuscript Title:XXXXXX	Date: Feb. 25th, 2021 12 Africa 23 1288 Res RATRICK EVRARD Your Name: Eunice Xu
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	130	Time frame: Since the init	al planning of the work
Į,	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.	_X_(None)	
		Time frame: pa	ast 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_(None)	
3	Royalties or licenses	X (None	
4	Consulting fees	_X_None	

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	Payment or honoraria for lectures, presentations,		
	speakers bureaus,		
-	manuscript writing or		
-	educational events	X None	
	Payment for expert		
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		XNone	
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	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or		
	Advisory Board		
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10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
		X None	
11	Stock or stock options		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
1	Other financial or non- financial interests	X_None	
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Date: \_\_\_\_Feb. 25th, 2021 \_\_\_ Af Riew Bulga
Your Name: \_\_\_\_ Eunice Xu\_\_ ATM 23-1288
Manuscript Title: \_\_\_\_ XXXXXXXX \_\_ ATM 23-1288
Manuscript number (if known): \_\_\_\_ Cham: Clands able fully and Juntarian in the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are a correlated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third

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		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	X(_None _/
	lectures, presentations,	and a second sec
l	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X/None
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7	Support for attending	X/None
	meetings and/or travel	
		and the second second
8	Patents planned, issued or	X/ None
0	pending	- A Note
	pending	
9	Participation on a Data	X_None
İ	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	X_/None /
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X (None
12	Receipt of equipment,	(X_None
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	writing, gifts or other	
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	financial interests	
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