

## ICMJE DISCLOSURE FORM

Date: 2021.5.14

Your Name: Xu Huai

Manuscript Title: The effect of docosahexaenoic acid on predicting the survival of patients with idiopathic pulmonary arterial hypertension

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2021.5.14

Your Name: Yuan Yuan Sun

Manuscript Title: The effect of docosahexaenoic acid on predicting the survival of patients with idiopathic pulmonary arterial hypertension

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Date: 2021.5.14

Your Name: Xiuying Sun

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Date: 2021.5.14

Your Name: Wenhui Wu

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Your Name: Lan Wang

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Date: 2021.5.14

Your Name: Rong Jiang

Manuscript Title: The effect of docosahexaenoic acid on predicting the survival of patients with idiopathic pulmonary arterial hypertension

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Your Name: Jinling Li

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Date: 2021.5.14

Your Name: Yuging Miao

Manuscript Title: The effect of docosahexaenoic acid on predicting the survival of patients with idiopathic pulmonary arterial hypertension

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Date: 2021.5.14

Your Name: Ping Yuan

Manuscript Title: The effect of docosahexaenoic acid on predicting the survival of patients with idiopathic pulmonary arterial hypertension

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Your Name: Qinhua Zhao

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses		
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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