

ICMJE DISCLOSURE FORM

Date: 29-11-2023

Your Name: Marco Voortman MD

Manuscript Title: Intra- and Interobserver reliability in Measuring Aortic Root Rotation with Cardiac Magnetic Resonance Imaging

Manuscript number (if known): CDT-23-384

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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	

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6	Payment for expert testimony	___ None	
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11	Stock or stock options	___ None	
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13	Other financial or non-financial interests	___ None	

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No conflicts of interest

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ICMJE DISCLOSURE FORM

Date: 26-11-2023

Your Name: Wouter Fitski MD

Manuscript Title: Intra- and Interobserver reliability in Measuring Aortic Root Rotation with Cardiac Magnetic Resonance Imaging

Manuscript number (if known): CDT-23-384

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ICMJE DISCLOSURE FORM

Date: 21-11-2023 _____

Your Name: J. van Es _____

Manuscript Title: Intra- and Interobserver Reliability in Measuring Aortic Root Rotation with Cardiac Magnetic Resonance Imaging _____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 26-11-2023

Your Name: Carine Doggen MD PhD

Manuscript Title: Intra- and Interobserver reliability in Measuring Aortic Root Rotation with Cardiac Magnetic Resonance Imaging

Manuscript number (if known): CDT-23-384

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ICMJE DISCLOSURE FORM

Date: 21.11.2023

Your Name: Tomasz Plonek

Manuscript Title: Intra- and Interobserver Reliability in Measuring Aortic Root Rotation with Cardiac Magnetic Resonance Imaging

Manuscript number (if known): CDT-23-384

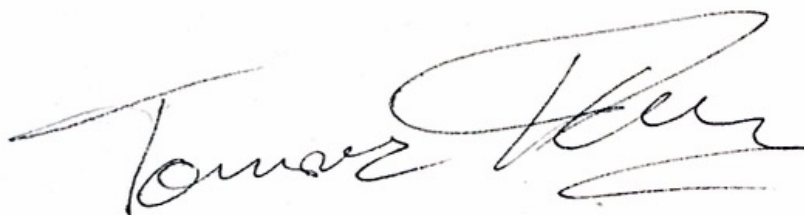
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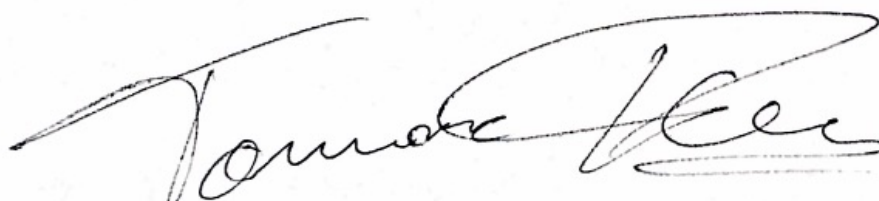
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ICMJE DISCLOSURE FORM

Date: November 25, 2023

Your Name: Clemens von Birgelen, MD PhD

Manuscript Title: Intra- and Interobserver reliability in Measuring Aortic Root Rotation with Cardiac Magnetic Resonance Imaging

Manuscript number (if known): CDT-23-384

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ICMJE DISCLOSURE FORM

Date: November 25, 2023

Your Name: Lodewijk Wagenaar, MD PhD

Manuscript Title: Intra- and Interobserver reliability in Measuring Aortic Root Rotation with Cardiac Magnetic Resonance Imaging

Manuscript number (if known): CDT-23-384

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