



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Dorota

2. Surname (Last Name)

Nowosielecka

3. Date

11-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anna Polewczyk

5. Manuscript Title

The prognostic value of transesophageal echocardiography after transvenous lead extraction - landscape after battle

6. Manuscript Identifying Number (if you know it)

CDT-20-871

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Dr. Nowosielecka has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Wojciech

2. Surname (Last Name)  
Jacheć

3. Date  
11-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Anna Polewczyk

5. Manuscript Title

The prognostic value of transesophageal echocardiography after transvenous lead extraction - landscape after battle

6. Manuscript Identifying Number (if you know it)

CDT-20-871

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Anna

2. Surname (Last Name)

Polewczyk

3. Date

14-November-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

The prognostic value of transesophageal echocardiography after transvenous lead extraction - landscape after battle

6. Manuscript Identifying Number (if you know it)

CDT-20-871

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Dr. Polewczyk has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Andrzej

2. Surname (Last Name)

Kleinrok

3. Date

13-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anna Polewczyk

5. Manuscript Title

The prognostic value of transesophageal echocardiography after transvenous lead extraction - landscape after battle

6. Manuscript Identifying Number (if you know it)

CDT-20-871

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Dr. Kleinrok has nothing to disclose.

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Łukasz

2. Surname (Last Name)

Tułecki

3. Date

14-November-2020

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Yes  No

Corresponding Author's Name

Anna Polewczyk

5. Manuscript Title

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Dr. Tulecki has nothing to disclose.

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrzej	2. Surname (Last Name) Kutarski	3. Date 13-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Polewczyk
5. Manuscript Title The prognostic value of transesophageal echocardiography after transvenous lead extraction - landscape after battle		
6. Manuscript Identifying Number (if you know it) CDT-20-871		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kutarski has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.