

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Claudia

2. Surname (Last Name)  
Regenbogen

3. Date  
29-January-2021

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Fabry disease: What the cardiologist should consider in non-cardiac screening, diagnosis, and management - Narrative Review

6. Manuscript Identifying Number (if you know it)  
CDT-2020-ACHD-26(CDT-20-845)

### 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

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### 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. Regenbogen has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Matthias	2. Surname (Last Name) Braunisch	3. Date 26-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Claudia Regenbogen
5. Manuscript Title Fabry disease: What the cardiologist should consider in non-cardiac screening, diagnosis, and management - Narrative Review		
6. Manuscript Identifying Number (if you know it) CDT-2020-ACHD-26(CDT-20-845)		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Vifor Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Braunsch reports personal fees from Vifor Pharma, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Christoph

2. Surname (Last Name)  
Schmaderer

3. Date  
26-January-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Claudia Regenbogen

5. Manuscript Title

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Dr. Schmaderer has nothing to disclose.

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1. Given Name (First Name) Uwe	2. Surname (Last Name) Heemann	3. Date 26-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudia Regenbogen
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