Date:09.03.2021
Your Name:Matthias Hasun
Manuscript Title:_ Improved in-hospital outcome for radial access in a large contemporary cohort of
primary percutaneous coronary intervention
Manuscript number (if known):_CDT 20-977

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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		
6	educational events	Y. Nana	
6	Payment for expert testimony	_XNone	
	testimony		
7	Support for attending	_XNone	
'	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	in other board, society,	_XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

No conflict of interest related to this work.

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:07.03.2021
Your Name:Jakob Dörler
Manuscript Title:_ Improved in-hospital outcome for radial access in a large contemporary cohort of
primary percutaneous coronary intervention
Manuscript number (if known):_CDT 20-977

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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		Time frame: Since the initial	planning of the work
1	All support for the present	_XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_XNone	

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

No conflict of interest related to this work.

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: 11-Mar-2021	
Your Name:Hannes Alber	
Manuscript Title:_Improved in-hospital outcome for radial access in a large contemporary cohort of pPCI	
Manuscript number (if known):	

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

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

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Hannes Alber

Date:	10.5.621		
Your Name:	, Arel Koner	0	
Manuscript Title:	Improved in-hospitel outene	In molial access	
Manuscript number	r (if known):	/	

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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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	<u> </u>	
		. (
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None 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

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

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

Univ - Klinik für Innere Medizin III Kardiologie und Angiologie 5029-Innsbruck - Anichstraße 35 Telefon +43 50 504 25621 - Fax 25622

Date:14.03.2021
Your Name:Rudolf Berger
Manuscript Title:_ Improved in-hospital outcome for radial access in a large contemporary cohort of
primary percutaneous coronary intervention
Manuscript number (if known):_CDT 20-977

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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1	All support for the present	_XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_XNone	

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

No conflict of interest related to this work.

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: 5.3.2021 Your Name: Günter Christ Manuscript Title: Improved in-hospital outcome for radial access in a large contemporary cohort of primary percutaneous coronary intervention Manuscript number (if known):______

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

I have nothing to declare.

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: 04.03.2021 Your Name: Matthias Frick, MD Manuscript Title: Improved in-hospital outcome for radial access in a large contemporary cohort of primary percutaneous coronary intervention Manuscript number (if known): CDT-20-977

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

I have no conflict of interest related to this manuscript.

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

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

04/03/2021

Date:08.03.2021
Your Name:Uta C. Hoppe
Manuscript Title:_ Improved in-hospital outcome for radial access in a large contemporary cohort of
primary percutaneous coronary intervention
Manuscript number (if known):_CDT 20-977

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4	Consulting fees	_XNone	

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

No conflict of interest related to this work.

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: March 4 2021

Your Name:____Kurt Huber

Manuscript Title:_ "Improved in-hospital outcome for radial access in a large contemporary cohort of primary percutaneous coronary intervention" Manuscript number (if known):_____

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

K Huber has no COIs with this manuscript

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

Date: March 4, 2021 Your Name: Gudrun Lamm Manuscript Title: Improved in-hospital outcome for radial access in a large contemporary cohort of primary percutaneous coronary intervention Manuscript number (if known):_____

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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	No time limit for this item.		
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2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

No conflicts of interest.

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.

07-Mar-2021

Date:_____ Your Name:_____Elisabeth Lassnig Manuscript Title:___Improved in-hospital outcome for radial access in a large contemporary cohort of primary percutaneous coronary intervention Manuscript number (if known):

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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3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_xNone
7	Support for attending	xNone
	meetings and/or travel	
8	Patents planned, issued or	_xNone
	pending	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone
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	_xNone
	writing, gifts or other services	
13	Other financial or non-	_xNone
	financial interests	

I have no conflicts of interest.

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.

Lafy Ebsell

Date: Mar.4th, 2021_

Your Name:_Dirk von Lewinski

Manuscript Title:_ Improved in-hospital outcome for radial access in a large contemporary cohort of primary percutaneous coronary intervention

Manuscript number (if known):____

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) I 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	
		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
<u> </u>	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
1	meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		말 집 것 같은 것 같은 것 같은 것 같은 것 같이 많은 것 같이 많이 했다.
11	Stock or stock options	None	
		n series and a series of the	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
13	services		
13	Other financial or non- financial interests	None	
	iniancial interests		

I have no conflict of interest to declare with respect tot he submitted paper

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.

and GMan 2021

Date: 05-March-21 Your Name: Anna Rab Manuscript Title: Improved in-hospital outcome for radial access in a large contemporary cohort of primary percutaneous coronary intervention

Manuscript number (if known):_____

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 <u>current</u> <u>manuscript only</u>.

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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	None	None
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	None
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

I have no conflicts of interest.

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: March 4, 2021
Your Name: Franz X. Roithinger, MD
Manuscript Title: Improved in-hospital outcome for radial access in a large contemporary cohort of primary PC
Manuscript number (if known):

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
2	Grants or contracts from	Time frame: past _X_None	36 months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	X_None	

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

I have nothing to declare.

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

J

100

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

Date:_08.03.2021_

Your Name: Dr Herwig Schuchlenz_

Manuscript Title:"Improved in-hospital outcome for radial access in a large contemporary cohort of primary percutaneous coronary intervention"

Manuscript number (if known):__

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 initia	I planning of the work
1	All support for the present	None	
1	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
		1	
4	Consulting fees	<u> </u>	

5	Payment or honoraria for lectures, presentations,	None
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	<u>None</u>
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	<u>K</u> 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

(

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: 5-3-2021 Your Name: Siostrzonek Peter Manuscript Title: Improved in-hospital outcome for radial access in a large contemporary cohort of primary percutaneous coronary intervention Manuscript number (if known):_____

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.	None			
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, manuscript writing or educational events	None	
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	

I have No conflicts of interest with resoect to the manuscript

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.

5-3-2011

Ordensklinik of Linz GmbH Barmherzige Schwestern Seilerstätte 4, 4010 Lina

Abteilung Interne II] Vorstand: Prim. Prof. Dr. Peter Siostrzonek

Date: 11. March 2021 Your Name: Johann Sipötz, MD Manuscript Title: Improved in-hospital outcome for radial access in a large contemporary cohort of primary percutaneous coronary intervention Manuscript number (if known): CDT-20-977

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) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the second	1/2.10 /	al plaining of the work
1	All support for the present manuscript (e.g., funding,	x_None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	x_None	
8	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	84
	52		
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4	Consulting fees	x_None	

5	Payment or honoraria for	x None	
1	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-	educational events		
6	Payment for expert	x_None	
	testimony		
		· · · · · · · · · · · · · · · · · · ·	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or	xNone	
	pending		
-			
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
2 1	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
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-	x None	
	financial interests		

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

Mart

Date:13.03.2021
Your Name:Thomas Stefenelli
Manuscript Title:_ Improved in-hospital outcome for radial access in a large contemporary cohort of
primary percutaneous coronary intervention
Manuscript number (if known):_CDT 20-977

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

No conflict of interest related to this work.

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

Date:	4.3.21
Your Name: Clemens Steinwender, MD	
Manuscript Title: Improved in-hospital o	utcome for radial access in a large contemporary cohort of primary
percutaneous coronary intervention	
Manuscript number (if known):	

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)
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.	Time frame: Since the initial XNone	planning of the work
		Time frame: past	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	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony		
7	Support for attending meetings and/or travel	X None	
	<i>U i</i>		
8	Patents planned, issued or	X None	
	pending		
0		V AL	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	None	Board Member, Austrian Society of Cardiology
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

Board Member, Austrian Society of Cardiology

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

Date:3.3.2021			
Your Name:Michael Edlinger			
Manuscript Title:Improved in-hospital outcome for radial access in a large contemporary cohort of			
primary percutaneous coronary intervention			
Manuscript number (if known):CDT-20-977			

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	Specifications/Comments
		have this relationship or indicate	(e.g., if payments were made to you or to your
		none (add rows as needed)	institution)
		Time frame: Since the initial plannin	g of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past 36 mon	ths
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

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

I have no conflicts of interest.

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

Date:13.03.2021
Your Name:Franz Weidinger
Manuscript Title:_ Improved in-hospital outcome for radial access in a large contemporary cohort of
primary percutaneous coronary intervention
Manuscript number (if known):_CDT 20-977

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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	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	lectures, presentations,	_XNone	
	speakers bureaus,		
	manuscript writing or		
6	educational events	Y. Nana	
6	Payment for expert testimony	_XNone	
	testimony		
7	Support for attending	_XNone	
'	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11			
12	2 Receipt of equipment, materials, drugs, medical writing, gifts or other	X None	
	services		
13	Other financial or non-	_XNone	
	financial interests		

No conflict of interest related to this work.

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