

## ICMJE DISCLOSURE FORM

Date: 2021-07-23

Your Name: Qi Jin

Manuscript Title: Impact of the Revised Hemodynamic Definition on the Diagnosis of Pre-capillary Pulmonary Hypertension: A Retrospective Single-Center Study in China

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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**Please summarize the above conflict of interest in the following box:**

I have no conflicts of interest to declare.

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

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## ICMJE DISCLOSURE FORM

Date: 2021-07-23

Your Name: Yi Zhang

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## ICMJE DISCLOSURE FORM

Date: 2021-07-23

Your Name: Zihui Zhao

Manuscript Title: Impact of the Revised Hemodynamic Definition on the Diagnosis of Pre-capillary Pulmonary Hypertension: A Retrospective Single-Center Study in China

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Your Name: Xue Yu

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## ICMJE DISCLOSURE FORM

Date: 2021-07-23

Your Name: Lu Yan

Manuscript Title: Impact of the Revised Hemodynamic Definition on the Diagnosis of Pre-capillary Pulmonary Hypertension: A Retrospective Single-Center Study in China

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Your Name: Xin Li

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Your Name: Anqi Duan

Manuscript Title: Impact of the Revised Hemodynamic Definition on the Diagnosis of Pre-capillary Pulmonary Hypertension: A Retrospective Single-Center Study in China

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Your Name: Chenhong An

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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**Please summarize the above conflict of interest in the following box:**

I have no conflicts of interest to declare.

**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.

## ICMJE DISCLOSURE FORM

Date: 2021-07-23

Your Name: Qin Luo

Manuscript Title: Impact of the Revised Hemodynamic Definition on the Diagnosis of Pre-capillary Pulmonary Hypertension: A Retrospective Single-Center Study in China

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

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## ICMJE DISCLOSURE FORM

Date: 2021-07-23

Your Name: Zhihong Liu

Manuscript Title: Impact of the Revised Hemodynamic Definition on the Diagnosis of Pre-capillary Pulmonary Hypertension: A Retrospective Single-Center Study in China

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

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