

## ICMJE DISCLOSURE FORM

**Date:** Jun. 21<sup>st</sup>, 2021

**Your Name:** Joana Cabral

**Manuscript Title:** Sacubitril/Valsartan in everyday clinical practice: an observational study based on the experience of a heart failure clinic

**Manuscript number (if known):** CDT-21-312

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Novartis	Medical writing, review and submission
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** Jun. 21<sup>st</sup>, 2021

**Your Name:** Henrique Vasconcelos

**Manuscript Title:** Sacubitril/Valsartan in everyday clinical practice: an observational study based on the experience of a heart failure clinic

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## ICMJE DISCLOSURE FORM

**Date:** Jun. 21<sup>st</sup>, 2021

**Your Name:** Paulo Maia-Araújo

**Manuscript Title:** Sacubitril/Valsartan in everyday clinical practice: an observational study based on the experience of a heart failure clinic

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## ICMJE DISCLOSURE FORM

**Date:** Jun. 21<sup>st</sup>, 2021

**Your Name:** Emília Moreira

**Manuscript Title:** Sacubitril/Valsartan in everyday clinical practice: an observational study based on the experience of a heart failure clinic

**Manuscript number (if known):** CDT-21-312

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## ICMJE DISCLOSURE FORM

**Date:** Jun. 21<sup>st</sup>, 2021

**Your Name:** Manuel Campelo

**Manuscript Title:** Sacubitril/Valsartan in everyday clinical practice: an observational study based on the experience of a heart failure clinic

**Manuscript number (if known):** CDT-21-312

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## ICMJE DISCLOSURE FORM

**Date:** Jun. 21<sup>st</sup>, 2021

**Your Name:** Sandra Amorim

**Manuscript Title:** Sacubitril/Valsartan in everyday clinical practice: an observational study based on the experience of a heart failure clinic

**Manuscript number (if known):** CDT-21-312

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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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** Jun. 21<sup>st</sup>, 2021

**Your Name:** Alexandra Sousa

**Manuscript Title:** Sacubitril/Valsartan in everyday clinical practice: an observational study based on the experience of a heart failure clinic

**Manuscript number (if known):** CDT-21-312

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Bial	Speaker fees
		Merck Serono	
		MSD	
		Novartis	
		Servier	
	Pfizer		
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	Bial	Advisory board participation
		Merck Serono	
		MSD	
		Novartis	
		Servier	
	Pfizer		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

**Date:** Jun. 21<sup>st</sup>, 2021

**Your Name:** Brenda Moura

**Manuscript Title:** Sacubitril/Valsartan in everyday clinical practice: an observational study based on the experience of a heart failure clinic

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca	Speaker fees
		Boehringer Ingelheim	
		Lilly	
		Servier	
		Novartis	
		Merck Serono	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

**Date:** Jun. 21<sup>st</sup>, 2021

**Your Name:** Roberto Pinto

**Manuscript Title:** Sacubitril/Valsartan in everyday clinical practice: an observational study based on the experience of a heart failure clinic

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**Your Name:** Camila Dias

**Manuscript Title:** Sacubitril/Valsartan in everyday clinical practice: an observational study based on the experience of a heart failure clinic

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Novartis	Medical writing, review and submission
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** Jun. 21<sup>st</sup>, 2021

**Your Name:** José Silva-Cardoso

**Manuscript Title:** Sacubitril/Valsartan in everyday clinical practice: an observational study based on the experience of a heart failure clinic

**Manuscript number (if known):** CDT-21-312

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.) <b>No time limit for this item.</b>	Novartis	Medical writing, review and submission
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
3	Royalties or licenses	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	

4	Consulting fees	Abbot	
		AstraZeneca	
		Bial	
		Boehringer Ingelheim	
		Menarini	
		Merck Serono	
		Merck Sharp & Dohme	
		Novartis	
		Orion	
		Pfizer	
		Sanofi	
		Servier	
		Vifor	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Abbot	Speaker fees
		AstraZeneca	
		Bial	
		Boehringer Ingelheim	
		Menarini	
		Merck Serono	
		Merck Sharp & Dohme	
		Novartis	
		Orion	
		Pfizer	
		Sanofi	
		Servier	
		Vifor	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input 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	Abbot	Advisory board participation
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		Bial	
		Boehringer Ingelheim	
		Menarini	
		Merck Serono	
		Merck Sharp & Dohme	
		Novartis	
		Orion	
		Pfizer	
		Sanofi	
		Servier	
Vifor			



10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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