Date:\_\_\_\_Sep. 18<sup>th</sup>, 2023\_\_\_\_

Consulting fees

X\_\_None

Ma of c	Ir Name:MAGDALENA W nuscript Title: Coarctation erebral ischemia in a primig nuscript number (if known):	n of the aorta, carotid arte ravid woman	ry stenosis and aberrant right subclavian artery as a rare cause
rela par to t	ited to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to t med	he epidemiology of hyperte dication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  I in this manuscript without time limit. For all other items,
		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	l 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	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

5	Payment or honoraria for	X_None	4
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	·
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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
4.5	- Contraction (Contraction)	V N	
13	Other financial or non-	X_None	
	financial interests		

I have no conflict of interest 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.

18. September 20231 Holler

Manuscript Title: Coarctation of the aorta, carotid artery stenosis and aberrant right subclavian artery as a rare cause

Date:\_\_\_\_Sep. 18<sup>th</sup>, 2023\_\_\_ Your Name:\_PIOTR PIENIĄŻEK

Consulting fees

X\_\_None

	nuscript number (if known):		
rela par to t	ited to the content of your r ties whose interests may be	manuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to t med In it	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other items,
		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)
	With the second of the second	Time frame: Since the initia	l 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	
No 20		Time frame: past	: 26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	Somonens
3	Royalties or licenses	XNone	
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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
ı			
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

I have no conflict of interest 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.

18. Sept. 2023 Afrecus

Date:Sep. 18th	, 2023
Your Name: _ŁUKAS	Z TEKIELI
Manuscript Title:	Coarctation of the aorta, carotid artery stenosis and aberrant right subclavian artery as a rare cause
of cerebral ischemia	in a primigravid woman
Manuscript number	(if known): QIMS-23-792-R1

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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	al 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.	XNoneXNone	
		Time frame: pas	t 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	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
	N 150		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		n
10		V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of stock options	X_None	
		969 6 37	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
		7.22	

I have no conflict of interest 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.

18 SEP 2023 Mill-

Date:Sep. 18 <sup>11</sup> , 2023
Your Name:_PIOTR PALUSZEK
Manuscript Title: Coarctation of the aorta, carotid artery stenosis and aberrant right subclavian artery as a rare cause
of cerebral ischemia in a primigravid woman
Manuscript number (if known): QIMS-23-792-R1
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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.	XNone	

Time frame: past 36 months

X\_None

X\_None

X\_None

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

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any entity (if not indicated

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5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	=	
6	Payment for expert	X None	
	testimony		
	To .		
7	Support for attending meetings and/or travel	XNone	
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	XNone	
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 no conflict of interest to declare  AS SEP 2023	Pal Release	
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Please place an "X" next to the following statement to indicate your agreement:

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Date:Sep. 18	<sup>h</sup> , 2023
Your Name:_MARI	JSZ TRYSTUŁA
Manuscript Title:	Coarctation of the aorta, carotid artery stenosis and aberrant right subclavian artery as a rare cause
of cerebral ischemi	a in a primigravid woman
Manuscript numbe	r (if known): QIMS-23-792-R1

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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 initi	al 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.	XNoneXNone	
		Time frame: pas	t 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		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12		V	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

I have no conflict of interest to declare

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18 Sept. 223

Date:\_\_\_\_Sep. 18<sup>th</sup>, 2023\_\_\_ Your Name:\_TADEUSZ PRZEWŁOCKI

Consulting fees

\_X\_\_None

of c	erebral ischemia in a primig	ravid woman	ery stenosis and aberrant right subclavian artery as a rare cause
Ma	nuscript number (if known):	QIMS-23-792-R1	
rela part to t rela	ted to the content of your n ties whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.  ps/activities/interests as they relate to the current
to t med	he epidemiology of hyperte dication, even if that medica	nsion, you should declare tion is not mentioned in t port for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other items,
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3	Royalties or licenses	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or	= =	
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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		11 11 11 11	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
4.0	Advisory Board	V 1	
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
4.4			
11	Stock or stock options	XNone	
10			(a) 36 a.
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 no conflict of interest to declare		

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Date:Sep. 18 <sup>tl</sup>	, 2023
Your Name:ANN	A KABŁAK-ZIEMBICKA
Manuscript Title:	Coarctation of the aorta, carotid artery stenosis and aberrant right subclavian artery as a rare cause
of cerebral ischemia	in a primigravid woman
Manuscript number	(if known): QIMS-23-792-R1

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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	N41/DBS/001247	Jagiellonian University Medical College, Kraków, Poland
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	FN15/2023	the St. John Paul II Hospital, Kraków, Poland
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		9
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	
13	financial interests		4
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This publication is supported from the grants of my place of work: (a) by the science fund of the St. John Paul II Hospital, Kraków, Poland (no FN15/2023 to A.K.-Z); and from the Jagiellonian University Medical College (no N41/DBS/001247)

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

X_ I cer	tify that I have answered every o	question and have not altered the wording of any of the questions on this
form.	18 SEP 2023	Am U. Wantich