

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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patent

Skoda 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Réka	2. Surname (Last Name) Skoda	3. Date 04-September-2020
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Dávid Becker
Manuscript Title Prognosis and clinical characteristics of period. Manuscript Identifying Number (if you kr		cular fibrillation in the 6-week guideline-offered time
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Nemes 1



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1. Given Name (First Name) Attila	2. Surname (Last Name) Nemes	3. Date 04-September-2020
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Bárczi 1



Section 1. Identifying Inform	nation	
Given Name (First Name) György	2. Surname (Last Name) Bárczi	3. Date 04-September-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dávid Becker
5. Manuscript Title Prognosis and clinical characteristics of period.6. Manuscript Identifying Number (if you keep)	,	cular fibrillation in the 6-week guideline-offered time
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Bárczi 2



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Gajdácsi 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) József	2. Surname (Last Name) Gajdácsi	3. Date 04-September-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dávid Becker
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Gajdácsi 2



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Vágó 1



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Ruzsa 1



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Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Ruzsa 2



Section 5. Polationships not sovered above
Relationships not covered above
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Ruzsa 3



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Royalties: Funds are coming in to you or your institution due to your patent

Édes 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) István	2. Surname (Last Name) Édes	3. Date 04-September-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dávid Becker
5. Manuscript TitlePrognosis and clinical characteristics of period.6. Manuscript Identifying Number (if you kr		cular fibrillation in the 6-week guideline-offered time
Section 2. The Work Under Co	onsideration for Public	cation
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Édes 2



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patent

Szabó 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Liliána	ame) 2. Surname (Last Name) 3. Date Szabó 04-September-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dávid Becker	
5. Manuscript TitlePrognosis and clinical characteristics of period.6. Manuscript Identifying Number (if you keep)		cular fibrillation in the 6-week guideline-offered time	
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Szabó 2



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Czimbalmos 1



Section 1. Identifying Inform	nation			
Given Name (First Name) Csilla	Surname (Last Name) Czimbalmos	3. Date 04-September-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dávid Becker		
5. Manuscript Title Prognosis and clinical characteristics of patients with early ventricular fibrillation in the 6-week guideline-offered time period. 6. Manuscript Identifying Number (if you know it)				
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Do you have any patents, whether plan		<u> </u>		

Czimbalmos 2



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Sydó 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Nam Sydó	e)	3. Date 04-September-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nai Dávid Becker	me
period.		,	ntricular fibrillation in the 6-wed	ek guideline-offered time
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Do you have any	patents, whether plan	ned, pending or issued	d, broadly relevant to the work?	Yes 🗸 No

Sydó 2



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Dinya 1



Section 1.	Identifying Inform	nation			
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Dinya 2



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Royalties: Funds are coming in to you or your institution due to your

ert testimony, employment, or other affiliations patent

Merkely 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Béla	2. Surname (Last Name) Merkely	3. Date 04-September-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dávid Becker
period. 6. Manuscript Identifying Number (if you kr		cular fibrillation in the 6-week guideline-offered time
Section 2. The Work Under Co	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Proper	rty Patents & Copyric	ahts
Do you have any patents, whether plan		

Merkely 2



Section 5. Polationships not solvered phase
Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Merkely has nothing to disclose.

Evaluation and Feedback

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Becker 1



Section 1. Identifying Inforr	mation	
1. Given Name (First Name) Dávid	2. Surname (Last Name) Becker	3. Date 04-September-2020
4. Are you the corresponding author?	✓ Yes No	
 5. Manuscript Title Prognosis and clinical characteristics of patients with early ventricular fibrillation in the 6-week guideline-offered time period. 6. Manuscript Identifying Number (if you know it) 		
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 Vo		
Section 3. Relevant financial	activities outside the submitted work.	
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Section 4. Intellectual Prope	erty Patents & Copyrights	
Do you have any patents, whether plar	nned, pending or issued, broadly relevant to the worl	k? Yes 🗸 No

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Section 5. Polationships not solvered above		
Relationships not covered above		
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.		
Section 6. Disclosure Statement		
Disclosure Statement		
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.		
Dr. Becker has nothing to disclose.		

Evaluation and Feedback

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