Date: Jan. 3rd 2022
Your Name: SALA KOCHANSKA

Manuscript Title: Coexistence of hypertrophic cardiomyopathy and left ventricular non-compaction cardiomyopathy - a description of two cases

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 initi	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
la de		Time frame: pas	st 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	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
0		xNone	
	testimony		
	•		
7	Support for attending	XNone	
	meetings and/or travel	* -	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	XNone	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10		V N	The state of the s
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
		7.21 g to 14 10 to 200 (1)	
12	Passint of aguinment	V None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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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.

Skodeni Sle

Date: Jan.3rd		
Your Name:	Michael	Spakek

Manuscript Title: Coexistence of hypertrophic cardiomyopathy and left ventricular non-compaction cardiomyopathy - a description of two cases

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2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	

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	
	testimony		
	· ·		
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	X_None	
	pending		
	Total Control of the	VIII-VIII III III III III III III III II	
9	Participation on a Data Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services	The second secon	
13	Other financial or non-	XNone	
	financial interests		

None.	

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Michael Spales

Date: Jan.3rd 2022 Your Name:

Manuscript Title: Coexistence of hypertrophic cardiomyopathy and left ventricular non-compaction cardiomyopathy - a description of two cases

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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
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
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	
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	XNone	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
	None.		

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

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Date: Jan.3rd 2022 Your Name:

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3	Royalties or licenses	X_None	

	Consulting fees	XNone	
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
	Payment for expert testimony	XNone	
	Support for attending meetings and/or travel	XNone	
	Patents planned, issued or pending	X_None	
	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
1	Stock or stock options	_X_None	
<u>}</u>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
3	Other financial or non- financial interests	X_None	

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Wiolato Konelul

Date: Jan.3rd 2022

Your Name:

House Miche Touche

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	,		
7	Support for attending	XNone	
'	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
	A Section of the Sect		
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non	X None	
13	Other financial or non- financial interests		
2232			
Pl	ease summarize the above o	conflict of interest in the fol	lowing box:
	None.		

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Date: Jan.3rd 2022

Your Name:

Tadeux Kuder

Manuscript Title: Coexistence of hypertrophic cardiomyopathy and left ventricular noncompaction cardiomyopathy - a description of two cases

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3	Royalties or licenses	X_None	

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	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	XNone	
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, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non-	XNone	
	financial interests		

None.				

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Tadeur Kuder

Date: Jan.3rd 2022

YOUR Name: BEATA WOZAKOWSKA-KAPLON

Manuscript Title: Coexistence of hypertrophic cardiomyopathy and left ventricular noncompaction cardiomyopathy - a description of two cases

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	ams as a market the process	Time frame: pas	t 36 months
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3	Royalties or licenses	X None	
3	northead of ficerises		

4	Consulting fees	XNone	
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	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
3	Patents planned, issued or pending	XNone	
)	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
.0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
1	Stock or stock options	XNone	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
3	Other financial or non- financial interests	XNone	

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Beate Woialevershee- keepley