

## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Zsofia Szarvas

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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)
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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>	__X__ None	
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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	__X__ 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	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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	

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

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.**

## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Monika Fekete

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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Monika Fekete was supported by project no. TKP2021-NKTA-47 has been implemented with the support provided by the Ministry of Innovation and Technology of Hungary from the National Research, Development and Innovation Fund, financed under the TKP2021-NKTA funding scheme. The funding source had no role in the study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication.

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Rita Horvath

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: **Maya Shimizu**

Manuscript Title: **Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome**

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Fuko Tsuhiya

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Ha Eun Choi

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Katica Kúp

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Vince Fazekas-Pongor

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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VFP was supported by project no. TKP2021-NKTA-47, implemented with the support provided by the Ministry of Innovation and Technology of Hungary from the National Research, Development and Innovation Fund, financed under the TKP2021-NKTA funding scheme and a project through the National Cardiovascular Laboratory Program (RRF-2.3.1-21-2022-00003) provided by the Ministry of Innovation and Technology of Hungary from the National Research, Development and Innovation Fund and the European University for Well-Being (EUniWell) program (grant agreement number: 101004093/ EUniWell/EAC-A02-2019 / EAC-A02-2019-1). The study was supported by Hungarian Academy of Science Post-COVID grant (number: PC2022-3/2022). The funding sources had no role in the study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication.

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Kinga Nedda Pete

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Renata Cserjesi

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Regina Bakos

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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

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**X: 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: 7<sup>th</sup> October, 2022

Your Name: Orsolya Gobel

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Orsolya Kovács

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Kata Gyongyosi

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Renata Pinter

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Zsuzsanna Kovats

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Zoltan Ungvari

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Stefano Tarantini

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Gabor Horvath

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Veronika Muller

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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## ICMJE DISCLOSURE FORM

Date: 7<sup>th</sup> October, 2022

Your Name: Janos Tamas Varga

Manuscript Title: Effectiveness of complex cardiopulmonary rehabilitation programme in reducing symptoms of post-COVID syndrome

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

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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	__X__ 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	

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

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.**