

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. 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".

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Miklós

2. Surname (Last Name)
Pólos

3. Date
14-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Psychological factors affecting Marfan syndrome patients with or without cardiac surgery

6. Manuscript Identifying Number (if you know it)
APM-20-546

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.)?

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Research, Development and Innovation Office of Hungary NKFIH; NVKP-16-1-2016-0017, „National Heart Program”	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name) Kálmán	2. Surname (Last Name) Benke	3. Date 14-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Miklós Pólos
5. Manuscript Title Psychological factors affecting Marfan syndrome patients with or without cardiac surgery		
6. Manuscript Identifying Number (if you know it) APM-20-546		

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Bence

2. Surname (Last Name) Ágg

3. Date 14-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name Miklós Pólos

5. Manuscript Title
Psychological factors affecting Marfan syndrome patients with or without cardiac surgery

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Section 1. Identifying Information

1. Given Name (First Name)

Roland

2. Surname (Last Name)

Stengl

3. Date

14-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Miklós Pólos

5. Manuscript Title

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Dr. Stengl has nothing to disclose.

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András

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Szabó

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Corresponding Author's Name

Miklós Pólos

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ádám

2. Surname (Last Name)

Nagy

3. Date

14-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Miklós Pólos

5. Manuscript Title

Psychological factors affecting Marfan syndrome patients with or without cardiac surgery

6. Manuscript Identifying Number (if you know it)

APM-20-546

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Nagy has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Bernadett

2. Surname (Last Name)

Ruskó

3. Date

14-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Miklós Pólos

5. Manuscript Title

Psychological factors affecting Marfan syndrome patients with or without cardiac surgery

6. Manuscript Identifying Number (if you know it)

APM-20-546

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ruskó has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Julianna	2. Surname (Last Name) Hedberg	3. Date 14-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Miklós Pólos
5. Manuscript Title Psychological factors affecting Marfan syndrome patients with or without cardiac surgery		
6. Manuscript Identifying Number (if you know it) APM-20-546		

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 No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Hedberg has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tamás	2. Surname (Last Name) Radovits	3. Date 14-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Miklós Pólos
5. Manuscript Title Psychological factors affecting Marfan syndrome patients with or without cardiac surgery		
6. Manuscript Identifying Number (if you know it) APM-20-546		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Research, Development and Innovation Office of Hungary NKFIH; NVKP-16-1-2016-0017, „National Heart Program”	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Radovits reports grants from National Research, Development and Innovation Office of Hungary NKFIH; NVKP-16-1-2016-0017, „National Heart Program“, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Éva

2. Surname (Last Name)

Susánszky

3. Date

14-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Miklós Pólos

5. Manuscript Title

Psychological factors affecting Marfan syndrome patients with or without cardiac surgery

6. Manuscript Identifying Number (if you know it)

APM-20-546

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Susánszky has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Béla	2. Surname (Last Name) Merkely	3. Date 14-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Miklós Pólos
5. Manuscript Title Psychological factors affecting Marfan syndrome patients with or without cardiac surgery		
6. Manuscript Identifying Number (if you know it) APM-20-546		

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Research, Development and Innovation Office of Hungary NKFIH; NVKP-16-1-2016-0017, „National Heart Program”	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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1. Given Name (First Name)

Andrea

2. Surname (Last Name)

Székely

3. Date

14-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Miklós Pólos

5. Manuscript Title

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Dr. Székely has nothing to disclose.

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1. Given Name (First Name) Zoltán

2. Surname (Last Name) Szabolcs

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