ICMJE DISCLOSURE FORM

Date: Nov, 9 th , 2021	
Your Name: Alexander E B	erezin
Manuscript Title: Heart fa	ailure among patients with prediabetes and type 2 diabetes mellitus: diagnostic and
predictive biomarkers _	
Manuscript number (if kno	own): JLPM-2021-BMDM-01 (JLPM-21-37)

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 initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	, , , , , , , , , , , , , , , , , , ,	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	X None	
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		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	Please summarize the above conflict of interest in the following box: I have no conflict of interest		
Plea	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: Nov, 9 th , 2021	
Your Name: Michael L	ichtenauer
Manuscript Title: Hea	rt failure among patients with prediabetes and type 2 diabetes mellitus: diagnostic and
predictive biomark	ers
Manuscript number (i	f known): JLPM-2021-BMDM-01 (JLPM-21-37)

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	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	ivo time initia for this term.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
-	any entity (if not indicated	<u> </u>	
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XYes	Lecture fees for Johnson and Johnson and Daiichi Sankyo
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V None	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending meetings and/or travel	XYes	Bayer AG
8	Patents planned, issued or	XNone	
	pending		
^	Dankisio skieno su a Daka	V Name	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

I received Lecture fees for Johnson and Johnson and Daiichi Sanky, and supported by Bayer AG for attending
meetings. But all these do not have relevant conflict of interest in regards of the manuscript.

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

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___ 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: Nov, 9 th , 2021	
Your Name: Alexander A Berezin	
Manuscript Title: Heart failure among patien	nts with prediabetes and type 2 diabetes mellitus: diagnostic and
predictive biomarkers	
Manuscript number (if known): JLPM-2021-BMI	OM-01 (JLPM-21-37)

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	testimony		
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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,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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Piea	ise summarize the above co	inflict of interest in the foll	owing box:
	have no conflict of interest		
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Plea	ise place an "X" next to the	Tollowing statement to inc	icate your agreement:

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