

ICMJE DISCLOSURE FORM

Date: 10/8/2022

Your Name: Ellen Denessen

Manuscript Title: Circulating Forms of Cardiac Troponin with Implications for Clinical Practice

Manuscript Number (if known): [Click or tap here to enter text.]

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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Date: 10/8/2022

Your Name: Stefanie Nass

Manuscript Title: Circulating Forms of Cardiac Troponin with Implications for Clinical Practice

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 10/8/2022

Your Name: Otto Bekers

Manuscript Title: Circulating Forms of Cardiac Troponin with Implications for Clinical Practice

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 10/8/2022

Your Name: Wim Vroemen

Manuscript Title: Circulating Forms of Cardiac Troponin with Implications for Clinical Practice

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Date: 10/8/2022

Your Name: Alma Mingels

Manuscript Title: Circulating Forms of Cardiac Troponin with Implications for Clinical Practice

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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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Nonfinancial support from Roche Diagnostics	Reagent kits
		Nonfinancial support from Abbott Diagnostics	Reagent kits
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

AM receives support from Dutch government, Nederlandse organisatie voor gezondheidsonderzoek en zorginnovatie/Nederlandse Organisatie voor Wetenschappelijk Onderzoek(Case 09150161810155) and grants from Academic Alliance Fund Maastricht UMC-Radboudmc, The Netherlands(Case SSC 154.2021). AM receives support from Roche Diagnostics for travelling and has no financial support from Roche Diagnostics and Abbott Diagnostics about the receipt of equipment.

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.