

ICMJE DISCLOSURE FORM

Date: 18.05.2021

Your Name: MAKG ORZATA DYPOLSKA

Manuscript Title: **Echocardiographic signs of pulmonary hypertension in patients with newly recognized hypersensitivity pneumonitis, prevalence and clinical predictors.**

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.

The author's relationships/activities/interests should be defined broadly. 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.

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Time frame: Since the initial planning of the work			
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Please summarize the above conflict of interest in the following box:

I do not declare any conflict of interest

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.

Моложанец Дыбор

ICMJE DISCLOSURE FORM

Date: 18.05.2021

Your Name: INGA BARANJKA

Manuscript Title: Echocardiographic signs of pulmonary hypertension in patients with newly recognized hypersensitivity pneumonitis, prevalence and clinical predictors.

Manuscript number (if known): _____

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A. Bence

ICMJE DISCLOSURE FORM

Date: 18.05.2021

Your Name: Andrius Fudurcius

Manuscript Title: **Echocardiographic signs of pulmonary hypertension in patients with newly recognized hypersensitivity pneumonitis, prevalence and clinical predictors.**

Manuscript number (if known): _____

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[Signature]

ICMJE DISCLOSURE FORM

Date: 14.05.2021

Your Name: Agnieszka Szorzytas

Manuscript Title: Echocardiographic signs of pulmonary hypertension in patients with newly recognized hypersensitivity pneumonitis, prevalence and clinical predictors.

Manuscript number (if known): _____

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Date: 18.05.2021

Your Name: Monika Szturmancz

Manuscript Title: **Echocardiographic signs of pulmonary hypertension in patients with newly recognized hypersensitivity pneumonitis, prevalence and clinical predictors.**

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