

ICMJE DISCLOSURE FORM

Date: 09/07/2021

Your Name: NURIA RODRÍGUEZ NÚÑEZ

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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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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	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X 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: 09/07/2021

Your Name: ALBERTO RUANO RAVIÑA

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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ICMJE DISCLOSURE FORM

Date: 09/07/2021

Your Name: ADRIANA LAMA LÓPEZ

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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ICMJE DISCLOSURE FORM

Date: 09/07/2021

Your Name: LUCÍA FERREIRO FERNÁNDEZ

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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ICMJE DISCLOSURE FORM

Date: 09/07/2021

Your Name: JORGE RICOY GABALDÓN

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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ICMJE DISCLOSURE FORM

Date: 09/07/2021

Your Name: JOSE MANUEL ALVAREZ DOBAÑO

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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ICMJE DISCLOSURE FORM

Date: 09/07/2021

Your Name: JUAN SUAREZ ANTELO

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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ICMJE DISCLOSURE FORM

Date: 09/07/2021

Your Name: MALENA TOUBES NAVARRO

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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ICMJE DISCLOSURE FORM

Date: 09/07/2021

Your Name: CARLOS RÁBADE CASTEDO

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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ICMJE DISCLOSURE FORM

Date: 09/07/2021

Your Name: ANTONIO GOLPE GÓMEZ

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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ICMJE DISCLOSURE FORM

Date: 09/07/2021

Your Name: VANESSA RIVEIRO BLANCO

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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ICMJE DISCLOSURE FORM

Date: 09/07/2021

Your Name: ANA CASAL MOURIÑO

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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Date: 09/07/2021

Your Name: ROMINA ABELLEIRA PARIS

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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6	Payment for expert testimony	X None	
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Date: 09/07/2021

Your Name: FRANCISCO JAVIER GONZÁLEZ BARCALA

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Date: 09/07/2021

Your Name: LUIS VALDÉS CUADRADO

Manuscript Title: Evaluation of the impact of an integrated care pathway for pulmonary embolism: A quasi-experimental pre-post study

Manuscript number (if known): JTD- 21-591

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