ICMJE DISCLOSURE FORM

Date:__02/11/2022_____
Your Name:___Janneta Kisel_____
Manuscript Title:___ Cardioprotective Medication in Duchenne Muscular Dystrophy: A Single-Centre Cohort Study
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.

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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	

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Date:__02/11/2022_____
Your Name:___Emily Ballard_____
Manuscript Title:___ Cardioprotective Medication in Duchenne Muscular Dystrophy: A Single-Centre Cohort Study
Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date:__02/11/2022_____
Your Name:___Eui-Sik Suh_____
Manuscript Title:___ Cardioprotective Medication in Duchenne Muscular Dystrophy: A Single-Centre Cohort Study
Manuscript number (if known):_____

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Date:__02/11/2022_____
Your Name:___ Nicholas Hart _____
Manuscript Title:___ Cardioprotective Medication in Duchenne Muscular Dystrophy: A Single-Centre Cohort Study
Manuscript number (if known):_____

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Date:__02/11/2022_____
Your Name:___ Stam Kapetanakis _____
Manuscript Title:___ Cardioprotective Medication in Duchenne Muscular Dystrophy: A Single-Centre Cohort Study
Manuscript number (if known):_____

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Date:__02/11/2022_____
Your Name:___ Shelley Srivastava _____
Manuscript Title:___ Cardioprotective Medication in Duchenne Muscular Dystrophy: A Single-Centre Cohort Study
Manuscript number (if known):_____

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Date:__02/11/2022_____
Your Name:___Philip Marino_____
Manuscript Title:___ Cardioprotective Medication in Duchenne Muscular Dystrophy: A Single-Centre Cohort Study
Manuscript number (if known):_____

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Date:__02/11/2022_____
Your Name:___Patrick Murphy_____
Manuscript Title:___ Cardioprotective Medication in Duchenne Muscular Dystrophy: A Single-Centre Cohort Study
Manuscript number (if known):_____

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Date:__02/11/2022_____
Your Name:___Joerg Steier_____
Manuscript Title:___ Cardioprotective Medication in Duchenne Muscular Dystrophy: A Single-Centre Cohort Study
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