

## ICMJE DISCLOSURE FORM

Date: 04 February 2023

Your Name: Chadi Aludaat

Manuscript Title: Upgrading Extra Corporeal Life support to ECMELLA using IMPELLA 5.0 in rescued INTERMACS 1 patients, lactate level matters!

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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

**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.

## ICMJE DISCLOSURE FORM

Date: 15 January 2023

Your Name: Estelle Dovonou

Manuscript Title: Upgrading Extra Corporeal Life support to ECMELLA using IMPELLA 5.0 in rescued INTERMACS 1 patients, lactate level matters!

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 28 January 2023

Your Name: Emmanuel Besnier

Manuscript Title: Upgrading Extra Corporeal Life support to ECMELLA using IMPELLA 5.0 in rescued INTERMACS 1 patients, lactate level matters!

Manuscript number (if known): \_\_\_\_\_

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None.

**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.

## ICMJE DISCLOSURE FORM

Date: 02.02.2023

Your Name: Charles Fauvel

Manuscript Title: Upgrading Extra Corporeal Life support to ECMELLA using IMPELLA 5.0 in rescued INTERMACS 1 patients, lactate level matters!

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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		NOVARTIS	Outside the submitted work
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	JANSSEN	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	PFIZER	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr Fauvel reports grants from Pfizer, Novartis, consulting fees from JANSSEN and payment for lectures from PFIZER, outside the submitted work.

**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.



## ICMJE DISCLOSURE FORM

Date: 21 January 2023

Your Name: Nathalie Nardone

Manuscript Title: Upgrading Extra Corporeal Life support to ECMELLA using IMPELLA 5.0 in rescued INTERMACS 1 patients, lactate level matters!

Manuscript number (if known): \_\_\_\_\_

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

None.

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.

## ICMJE DISCLOSURE FORM

Date: 02 February 2023

Your Name: Vincent Le Guillou

Manuscript Title: Upgrading Extra Corporeal Life support to ECMELLA using IMPELLA 5.0 in rescued INTERMACS 1 patients, lactate level matters!

Manuscript number (if known): \_\_\_\_\_

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None.

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## ICMJE DISCLOSURE FORM

Date: 31<sup>st</sup> January 2023

Your Name: Alessandra D'Agostino

Manuscript Title: Upgrading Extra Corporeal Life support to ECMELLA using IMPELLA 5.0 in rescued INTERMACS 1 patients, lactate level matters!

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 21 January 2023

Your Name: Catherine Nafeh-Bizet

Manuscript Title: Upgrading Extra Corporeal Life support to ECMELLA using IMPELLA 5.0 in rescued INTERMACS 1 patients, lactate level matters!

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 21 January 2023

Your Name: Arnaud Gay

Manuscript Title: Upgrading Extra Corporeal Life support to ECMELLA using IMPELLA 5.0 in rescued INTERMACS 1 patients, lactate level matters!

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 02.02.2023

Your Name: François Bouchart

Manuscript Title: Upgrading Extra Corporeal Life support to ECMELLA using IMPELLA 5.0 in rescued INTERMACS 1 patients, lactate level matters!

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 25<sup>th</sup> January 2023

Your Name: Fabrice Bauer

Manuscript Title: Upgrading Extra Corporeal Life support to ECMELLA using IMPELLA 5.0 in rescued INTERMACS 1 patients, lactate level matters!

Manuscript number (if known): \_\_\_\_\_

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