ICMJE DISCLOSURE FORM

Date: 22-06-2023	
Your Name: A.M. Griffioen	
Manuscript Title: Patient selection for le	eft ventricular unloading: is lactate the vital piece of the puzzle?
Manuscript number (if known):	JTD-23-987

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,	110110	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	,		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

The author has no conflicts of interest to declare.		

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: 23-06-2023	
Your Name: R.J.M. van Geuns	
Manuscript Title: Patient selection	or left ventricular unloading: is lactate the vital piece of the puzzle?
Manuscript number (if known):	JTD-23-987

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Boston Scientific Abbott Vascular AstraZeneca Amgen InfraRedx None	Grants and personal fees Grants and personal fees Grants and personal fees Grants and personal fees Grants
4	Consulting fees	None	

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

The author reports grants and personal fees from Boston Scientific, Abbott Vascular, Astra Zeneca and Amgen, and grants from InfraRedx.

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ICMJE DISCLOSURE FORM

Date: 22-06-2023	
Your Name: G.C. Swart	
Manuscript Title: Patient selection for le	ft ventricular unloading: is lactate the vital piece of the puzzle?
Manuscript number (if known):	JTD-23-987

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