

## ICMJE DISCLOSURE FORM

**Date:** 4/28/2024

**Your Name:** Mohamad El Labban

**Manuscript Title:** The Impact of Group II Pulmonary Hypertension on Congestive Heart Failure Patients Admitted with ST Elevation Myocardial Infarction, A Nationwide Study

**Manuscript Number (if known):** JTD-24-221

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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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)						
Time frame: Since the initial planning of the work								
<b>1</b>	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>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> 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	

		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>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 04/23/2024

**Your Name:** Mikael R Mir

**Manuscript Title:** The Impact of Group II Pulmonary Hypertension on Congestive Heart Failure Patients Admitted with ST Elevation Myocardial Infarction, A Nationwide Study

**Manuscript number (if known):** JTD-24-221

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4	Consulting fees	--X-- None	

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13	Other financial or non-financial interests	--X-- None	

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

None
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## ICMJE DISCLOSURE FORM

**Date:** 04/23/2024

**Your Name:** Alexandra Abruzzo

**Manuscript Title:** The Impact of Group II Pulmonary Hypertension on Congestive Heart Failure Patients Admitted with ST Elevation Myocardial Infarction, A Nationwide Study

**Manuscript number (if known):** JTD-24-221

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7	Support for attending meetings and/or travel	--X-- None	
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11	Stock or stock options	--X-- None	
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13	Other financial or non-financial interests	--X-- None	

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None
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**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:** 04/23/2024

**Your Name:** Sydney Boike

**Manuscript Title:** The Impact of Group II Pulmonary Hypertension on Congestive Heart Failure Patients Admitted with ST Elevation Myocardial Infarction, A Nationwide Study

**Manuscript number (if known):** JTD-24-221

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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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## ICMJE DISCLOSURE FORM

**Date:** 04/23/2024

**Your Name:** Fayreal A Niaz

**Manuscript Title:** The Impact of Group II Pulmonary Hypertension on Congestive Heart Failure Patients Admitted with ST Elevation Myocardial Infarction, A Nationwide Study

**Manuscript number (if known):** JTD-24-221

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## ICMJE DISCLOSURE FORM

**Date:** 04/23/2024

**Your Name:** Natasha T Vo

**Manuscript Title:** The Impact of Group II Pulmonary Hypertension on Congestive Heart Failure Patients Admitted with ST Elevation Myocardial Infarction, A Nationwide Study

**Manuscript number (if known):** JTD-24-221

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## ICMJE DISCLOSURE FORM

**Date:** 04/23/2024

**Your Name:** Ibtisam Rauf

**Manuscript Title:** The Impact of Group II Pulmonary Hypertension on Congestive Heart Failure Patients Admitted with ST Elevation Myocardial Infarction, A Nationwide Study

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## ICMJE DISCLOSURE FORM

**Date:** 04/23/2024

**Your Name:** Syed A Khan

**Manuscript Title:** The Impact of Group II Pulmonary Hypertension on Congestive Heart Failure Patients Admitted with ST Elevation Myocardial Infarction, A Nationwide Study

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