Date:2023-04-23
Your Name:Ernan Zhu
Manuscript Title: Takotsubo cardiomyopathy following a virtual work meeting during COVID-19 pandemic: a case report
Manuscript number (if known): ID: ACR-23-18

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</u> manuscript only.

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		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.	XNone	
2	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: past _XNone _XNone	36 months
4	Consulting fees	XNone	

5	lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	
	ase summarize the above c	onflict of interest in the fo	llowing box:
	ase place an "X" next to the		
_X_	form.	ered every question and na	ve not altered the wording of any of the questions on t
Dat	e: 24.04.2023	Signature:	Ernan fl.

Date:2023-04-23
Your Name:Katharina Scherschel
Manuscript Title: Takotsubo cardiomyopathy following a virtual work meeting during COVID-19 pandemic: a case report
Manuscript number (if known): ID: ACR-23-18

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4	All I C II	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

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Signature:

Date:

24.04.2023

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Date:2023-04-23	
Your Name:Manfred Schedlowski	
Manuscript Title: Takotsubo cardiomyonathy following a virtual and	meeting during COVID 40
Manuscript number (if known): ID: ACR-23-18	meeting during COVID-19 pandemic: a case report

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Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	- SO MONUNE
Royalties or licenses	_XNone	
Consulting fees	XNone	

	Payment or honoraria for	XNone	· ;
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony	None	
7	Company		
′	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	_X None	
	pending	ANone	
OBS			
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
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2	Receipt of equipment,		
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Date: 2023-04-23	
Your Name: Christian Meyer	
Manuscript Title: Takotsubo cardiomyopathy following a virtual work meeting during COVID-19 pandemic: a	case report
Manuscript number (if known): ID: ACR-23-18	

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		Time frame: pas	t 36 months
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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

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

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

) T	
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.

Signature: