ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. **Identifying information.**
2. **The work under consideration for publication.**
   
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3. **Relevant financial activities outside the submitted work.**
   
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4. **Intellectual Property.**
   
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name) Miklós
2. Surname (Last Name) Pólos
3. Date 14-April-2020
4. Are you the corresponding author? Yes ✔ No

5. Manuscript Title
Psychological factors affecting Marfan syndrome patients with or without cardiac surgery

6. Manuscript Identifying Number (if you know it)
APM-20-546

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes ✔ No

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Kálmán

2. Surname (Last Name)  
   Benke

3. Date  
   14-April-2020

4. Are you the corresponding author?  
   Yes ☑ No

Corresponding Author's Name  
Miklós Pólos

5. Manuscript Title  
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1. Given Name (First Name)  
   Bence

2. Surname (Last Name)  
   Ágg

3. Date  
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4. Are you the corresponding author?  
   □ Yes  ✔ No

   Corresponding Author’s Name
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1. Given Name (First Name)  
   Roland

2. Surname (Last Name)  
   Stengl

3. Date  
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1. Given Name (First Name) András
2. Surname (Last Name) Szabó
3. Date 14-April-2020

4. Are you the corresponding author? ☒ No

Corresponding Author's Name
Miklós Pólos

5. Manuscript Title
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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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**Royalties:** Funds are coming in to you or your institution due to your patent
Identifying Information

1. Given Name (First Name)  
   Ádám

2. Surname (Last Name)  
   Nagy

3. Date  
   14-April-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Psychological factors affecting Marfan syndrome patients with or without cardiac surgery

6. Manuscript Identifying Number (if you know it)  
   APM-20-546

The Work Under Consideration for Publication

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Dr. Nagy has nothing to disclose.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Bernadett</td>
<td>Ruskó</td>
<td>14-April-2020</td>
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</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
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   - [x] No

---

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Ruskó has nothing to disclose.

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<th>1. Given Name (First Name)</th>
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<td>2. Surname (Last Name)</td>
<td>Hedberg</td>
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<td>3. Date</td>
<td>14-April-2020</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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<tr>
<td>Corresponding Author's Name</td>
<td>Miklós Pólos</td>
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Dr. Hedberg has nothing to disclose.

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Radovits
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Tamás

2. Surname (Last Name)  
   Radovits

3. Date  
   14-April-2020

4. Are you the corresponding author?  
   Yes ☑  No

Corresponding Author’s Name  
Miklós Pólos

5. Manuscript Title  
   Psychological factors affecting Marfan syndrome patients with or without cardiac surgery

6. Manuscript Identifying Number (if you know it)  
   APM-20-546

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<tr>
<td>National Research, Development and Innovation Office of Hungary NKFIH; NVKP-16-1-2016-0017, „National Heart Program“</td>
<td>☑</td>
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Dr. Radovits reports grants from National Research, Development and Innovation Office of Hungary NKFIH; NVKP-16-1-2016-0017, „National Heart Program”, during the conduct of the study; .

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1. Given Name (First Name)  
Éva

2. Surname (Last Name)  
Susánszky

3. Date  
14-April-2020

4. Are you the corresponding author?  
Yes ☐  No ☑

Corresponding Author's Name  
Miklós Pólos

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Dr. Susánszky has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Béla

2. **Surname (Last Name)**
   - Merkely

3. **Date**
   - 14-April-2020

4. **Are you the corresponding author?**
   - Yes ✔

5. **Manuscript Title**
   - Psychological factors affecting Marfan syndrome patients with or without cardiac surgery

6. **Manuscript Identifying Number (if you know it)**
   - APM-20-546

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  ✔ Yes  ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Andrea
2. Surname (Last Name)  Székely
3. Date  14-April-2020

4. Are you the corresponding author?  ✔ No

5. Manuscript Title
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Dr. Székely has nothing to disclose.

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