

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 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.

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Linde

2. Surname (Last Name)  
Gao

3. Date  
04-March-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Prof. Dr. Verena Stangl

5. Manuscript Title  
Comic Book Graphic Medicine

6. Manuscript Identifying Number (if you know it)  
G19-0008

### 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Friede Springer Herz Stiftung	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Gao reports grants and personal fees from Friede Springer Herz Stiftung, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Anna

2. Surname (Last Name)  
Brand

3. Date  
27-February-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Prof. Verena Stangl

5. Manuscript Title  
Comic Book Graphic Medicine

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Friede Springer Herz Stiftung, Berlin, Germany	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Alexandra

2. Surname (Last Name)  
Hamann

3. Date  
27-February-2019

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Corresponding Author's Name  
Dr. Verena Stangl

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Alexandra Hamann has nothing to disclose.

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1. Given Name (First Name)  
Verena

2. Surname (Last Name)  
Stangl, Prof. Dr.

3. Date  
06-March-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Comic Book Graphic Medicine

6. Manuscript Identifying Number (if you know it)  
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