

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Section 1. Identifying Information

1. Given Name (First Name)
Lee

2. Surname (Last Name)
Goldberg

3. Date
18-October-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Craig Umscheid

5. Manuscript Title
BNP and NT-proBNP discharge thresholds for acute decompensated heart failure: a systematic review

6. Manuscript Identifying Number (if you know it)
M16-1468

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respircardia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Goldberg reports personal fees from Medtronic, grants from Respicardia, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) joyce	2. Surname (Last Name) wald	3. Date 21-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Casey Mcquade
5. Manuscript Title BNP and NT-proBNP discharge thresholds for acute decompensated heart failure: a systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) M16-1468		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mariell	2. Surname (Last Name) Jessup	3. Date 18-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name McQuade
5. Manuscript Title BNP and NT-proBNP discharge thresholds for acute decompensated heart failure: a systematic review		
6. Manuscript Identifying Number (if you know it) M16-1468		

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Dr. Jessup has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Craig

2. Surname (Last Name)
Umscheid

3. Date
19-October-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
BNP and NT-proBNP discharge thresholds for acute decompensated heart failure: a systematic review

6. Manuscript Identifying Number (if you know it)
M16-1468

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Dr. Umscheid has nothing to disclose.

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1. Given Name (First Name) Casey	2. Surname (Last Name) McQuade	3. Date 19-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Craig A. Umscheid
5. Manuscript Title BNP and NT-proBNP discharge thresholds for acute decompensated heart failure: a systematic review		
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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marisa

2. Surname (Last Name) Mizus

3. Date 20-October-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name Craig Umscheid, MD, MSCE

5. Manuscript Title BNP and NT-proBNP discharge thresholds for acute decompensated heart failure: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it) M16-1468

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
Institute for Translational Medicine and Therapeutics of the Perelman School of Medicine at the University of Pennsylvania	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuition support
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salary Support from T32

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Mizus reports grants from the Institute for Translational Medicine and Therapeutics of the Perelman School of Medicine at the University of Pennsylvania, grants from the National Institutes of Health, during the conduct of the study.

Evaluation and Feedback

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