

## 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.

#### 1. Identifying information.

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

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Stuart J

2. Surname (Last Name)  
Pocock

3. Date  
24-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oscar Miro

5. Manuscript Title

A Predictive Model for 30 day Mortality in Patients with Acute Heart Failure at Emergency Room Admission: A Spanish population-based cohort study. The MEESI-AHF Risk Score

6. Manuscript Identifying Number (if you know it)

M16-2726

### 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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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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Dr. Pocock 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)

VICTOR

2. Surname (Last Name)

GIL

3. Date

13-April-2017

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

A Predictive Model for 30 day Mortality in Patients with Acute Heart Failure at Emergency Room Admission: A Spanish population-based cohort study. The MEESI-AHF Risk Score

6. Manuscript Identifying Number (if you know it)

M16-2726

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Dr. GIL 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)  
PERE

2. Surname (Last Name)  
LLORENS

3. Date  
18-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
VICTOR GIL

5. Manuscript Title  
A Predictive Model for 30 days Mortality Patients With Acute Heart Failure at Emergency Room Admission: A Spanish population-based cohort study

6. Manuscript Identifying Number (if you know it)

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Dr. Llorens 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)<br>Óscar  | 2. Surname (Last Name)<br>Miró                                      | 3. Date<br>18-April-2017                  |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Víctor Gil |
| 5. Manuscript Title<br>A Predictive Model for 30 day Mortality in Patients with Acute Heart Failure at Emergency Room Admission: A Spanish population-based cohort study |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>M16-2726  |   |   |

### 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                    |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| Instituto de Salud Carlos III, Ministry of Health, Spain, and FEDER | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Competitive grant PI15/1021 |
| Fundació La Marató de TV3   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Competitive grant 2015/2510 |

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

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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                         |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------------|
| Novartis       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Honoraria for expert consultancy |

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### 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. Miró reports grants from Instituto de Salud Carlos III, Ministry of Health, Spain, and FEDER, grants from Fundació La Marató de TV3, during the conduct of the study; personal fees from Novartis, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
FRANCISCO JAVIER

2. Surname (Last Name)  
MARTIN SANCHEZ

3. Date  
15-May-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Victor Gil

5. Manuscript Title  
Predicting 30-day Mortality for Patients with Acute Heart Failure Who Are in the Emergency Department: A Cohort Study

6. Manuscript Identifying Number (if you know it)

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

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Are there any relevant conflicts of interest?  Yes  No

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|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| NOVARTIS       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| PFIZER         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| MSD            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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Dr. MARTIN SANCHEZ reports personal fees from NOVARTIS, personal fees from PFIZER, personal fees from MSD, outside the submitted work; .

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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.

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

**Pending:** The patent has been filed but not issued

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**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)  
HECTOR

2. Surname (Last Name)  
BUENO

3. Date  
13-April-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Oscar Miró

5. Manuscript Title  
A Predictive Model for 30 day Mortality in Patients with Acute Heart Failure at Emergency Room Admission: A Spanish population-based cohort study. The MEESSE-AHF Risk Score

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

### 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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                              | Personal Fees?                      | Non-Financial Support?              | Other?                   | Comments          |
|----------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------|
| ABBOTT         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                   |
| NOVARTIS       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                   |
| SERVIER        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                   |
| JANSSEN        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Research contract |
| AstraZeneca    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                   |
| FERRER         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                   |
| SANOFI         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                   |

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

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

### 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):
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### 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. BUENO reports grants and personal fees from ASTRA ZENECA, personal fees from DAICHI-SANKYO, personal fees from ELI-LILLY, personal fees from BAYER, personal fees from SANOFI, during the conduct of the study; personal fees from NOVARTIS, personal fees from BMS-PFIZER, from SERVIER, outside the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Javier

2. Surname (Last Name)  
Jacob

3. Date  
14-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Victor Gil

5. Manuscript Title  
A Predictive Model for 30 day Mortality in Patients with Acute Heart Failure at Emergency Room Admission: A Spanish population-based cohort study. The MEESI-AHF Risk Score

6. Manuscript Identifying Number (if you know it)  
M16-2726

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Dr. Jacob has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Xavier   | 2. Surname (Last Name)<br>Rossello                                  | 3. Date<br>14-April-2017                  |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Oscar Miro |
| 5. Manuscript Title<br>A Predictive Model for 30 day Mortality in Patients with Acute Heart Failure at Emergency Room Admission: A Spanish population-based cohort study |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>M16-2726  |   |   |

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Dr. Rossello has nothing to disclose.

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1. Given Name (First Name)  
PABLO

2. Surname (Last Name)  
HERRERO

3. Date

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Yes  No

Corresponding Author's Name

5. Manuscript Title

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