

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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)
celine

2. Surname (Last Name)
chauleur

3. Date
27-July-2018

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Marc RIGHINI

5. Manuscript Title
THE DIAGNOSIS OF PULMONARY EMBOLISM DURING PREGNANCY. A MULTICENTER PROSPECTIVE MANAGEMENT OUTCOME STUDY.

6. Manuscript Identifying Number (if you know it)
M18-1670

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Dr. chauleur has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Le Gall

2. Surname (Last Name)
Catherine

3. Date
20-September-2018

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

5. Manuscript Title
pulmonary embolism and pregnancy

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Jacques

2. Surname (Last Name)

Cornuz

3. Date

26-September-2018

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Marc Righini

5. Manuscript Title

Diagnosis of Pulmonary Embolism During Pregnancy
A Multicenter Prospective Management Outcome Study

6. Manuscript Identifying Number (if you know it)

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☐

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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Section 1. Identifying Information

1. Given Name (First Name)
Antoine

2. Surname (Last Name)
ELIAS

3. Date
28-July-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title
THE DIAGNOSIS 1 OF PULMONARY EMBOLISM DURING PREGNANCY. A MULTICENTER PROSPECTIVE MANAGEMENT OUTCOME STUDY.

6. Manuscript Identifying Number (if you know it)
M18-1670

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Dr. ELIAS has nothing to disclose.

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Section 1. Identifying Information

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Pierre-Alexandre

2. Surname (Last Name)
POLETTI

3. Date
30-July-2018

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☐ Yes ☒ No

Corresponding Author's Name
Marc Righini

5. Manuscript Title
The Diagnosis of Pulmonary Embolism during Pregnancy

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Dr. POLETTI has nothing to disclose.

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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) Olivier	2. Surname (Last Name) SANCHEZ	3. Date 02-August-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
5. Manuscript Title THE DIAGNOSIS OF PULMONARY EMBOLISM DURING PREGNANCY. A MULTICENTER PROSPECTIVE MANAGEMENT OUTCOME STUDY.		
6. Manuscript Identifying Number (if you know it) M18 1670		

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

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
BAYER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
BMS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
DAIICHI SANKYO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACTELION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SANOFI AVENTIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

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):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. SANCHEZ reports grants, personal fees and non-financial support from BAYER, grants, personal fees and non-financial support from MSD, grants, personal fees and non-financial support from BMS, grants from DAIICHI SANKYO, grants and non-financial support from ACTELION, personal fees from SANOFI AVENTIS, outside the submitted work; .

Evaluation and Feedback

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Marc

2. Surname (Last Name)

Righini

3. Date

02-August-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

THE DIAGNOSIS OF PULMONARY EMBOLISM DURING PREGNANCY. A MULTICENTER PROSPECTIVE MANAGEMENT OUTCOME STUDY.

6. Manuscript Identifying Number (if you know it)

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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. Righini 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) Pierre-Marie	2. Surname (Last Name) Roy	3. Date 05-September-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Marc Righini
5. Manuscript Title The Diagnosis of Pulmonary Embolism during Pregnancy		
6. Manuscript Identifying Number (if you know it) M18-1670		

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

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Roy has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Olivier

2. Surname (Last Name)
Rutschmann

3. Date
03-August-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Marc Righini

5. Manuscript Title
The Diagnosis of Pulmonary Embolism during Pregnancy

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

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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. Rutschmann has nothing to disclose.

Evaluation and Feedback

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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)
Grégoire

2. Surname (Last Name)
Le Gal

3. Date
10-August-2018

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

5. Manuscript Title
The Diagnosis of Pulmonary Embolism during Pregnancy

6. Manuscript Identifying Number (if you know it)
M18-1670

Section 2. The Work Under Consideration for Publication

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

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
Portola Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Co-Investigator. Clinical trial
Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Co-Investigator. Clinical trial
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Co-Investigator. Clinical trial
Bristol-Myers Squibb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Co-Investigator. Clinical trial
LEO Pharma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Co-Investigator. Clinical trial
Daiichi Sankyo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Co-Investigator. Clinical trial
Bayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Co-Investigator. Clinical trial
Bayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria, not taken as salary

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria, not taken as salary
LEO Pharma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria, not taken as salary
Sanofi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria, not taken as salary
bioMérieux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria, not taken as salary

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. Le Gal reports other from Portola Pharmaceuticals, other from Boehringer-Ingelheim, other from Pfizer, other from Bristol-Myers Squibb, other from LEO Pharma, other from Daiichi Sankyo, other from Bayer, other from Bayer, other from Pfizer, other from LEO Pharma, other from Sanofi, other from bioMérieux, 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)

jeannot

2. Surname (Last Name)

schmidt

3. Date

13-August-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Marc Righini

5. Manuscript Title

"The Diagnosis of Pulmonary Embolism during Pregnancy"

6. Manuscript Identifying Number (if you know it)

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. schmidt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Drahomir	2. Surname (Last Name) Aujesky	3. Date 11-August-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Marc Righini
5. Manuscript Title The diagnosis of pulmonary embolism during pregnancy		
6. Manuscript Identifying Number (if you know it) M18-1670		

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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

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. Aujesky has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Emmanuelle

2. Surname (Last Name)
LE MOIGNE

3. Date
07-August-2018

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
RIGHINI

5. Manuscript Title
THE DIAGNOSIS OF PULMONARY EMBOLISM DURING PREGNANCY.A MULTICENTER PROSPECTIVE MANAGEMENT OUTCOME STUDY.

6. Manuscript Identifying Number (if you know it)
M18-1670

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Section 1. Identifying Information

1. Given Name (First Name)

Helia

2. Surname (Last Name)

Robert-Ebadi

3. Date

28-August-2018

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Marc Righini

5. Manuscript Title

The Diagnosis of Pulmonary Embolism during Pregnancy

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

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☒

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☒

No

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☐

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