

Instructions

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| 2. Surname (Last Name) Prasad | 3. Date 29-March-2019 | |
| Yes 🖌 No | Corresponding Author's Name Bansal, Shweta | |
| e Decompensated Heart | Failure with High-dose Spironolactone: A Pilot Study | |
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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. Prasad has nothing to disclose.

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| Section 1. | Identifying Infor | mation | | | |
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| 1. Given Name (Fi Chakradhar | rst Name) | 2. Surnam Velagapu | ne (Last Name) udi | | 3. Date 03-April-2019 |
| 4. Are you the cor | responding author? | Yes | ✓ No | Corresponding Author's Na Shweta Bansal | ame |
| 5. Manuscript Title High-dose Spiro | | ecompensate | ed Heart Failu | re that is Resistant to Loop [| Diuretics: A Pilot Study |
| 6. Manuscript Ide M18-3285 | ntifying Number (if you | know it) | | | |
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| Section 2. | The Work Under | Considerat | ion for Publ | ication | |
| | • | | | | ommercial, private foundation, etc.) for esign, manuscript preparation, |

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🖌 No

Yes

| Are there any relevant conflicts of interest? | Y | es 🗸 | / | No |
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statistical analysis, etc.)?

Are there any relevant conflicts of interest?

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$ | Yes | 🖌 No | |
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Dr. Velagapudi has nothing to disclose.

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| Section 1. | Identifying Inform | mation | |
|---|---------------------------|--|--------------------------------------|
| 1. Given Name (Fii Shweta | rst Name) | 2. Surname (Last Name) Bansal | 3. Date 30-March-2019 |
| 4. Are you the corr | responding author? | ✓ Yes No | |
| 5. Manuscript Title High-dose Spiror | | compensated Heart Failure that is Resist | ant to Loop Diuretics: A Pilot Study |
| 6. Manuscript Ider M18-3285 | ntifying Number (if you k | now 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? \checkmark Yes \square 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 <mark>?</mark> | Other? | Comments | |
|---------------------------------------|--------------|------------------|---|--------|---|--|
| Relypsa, A Vifor Pharma Group Company | \checkmark | | | | Investigator initiated project. No input from the company in study design or manuscript preparation | |

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Are there any relevant conflicts of interest? Yes

s 🖌 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. Bansal reports grants from Relypsa, A Vifor Pharma Group Company, during the conduct of the study; .

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| Section 1. | Identifying Infor | mation | | | |
| 1. Given Name (Fi Kristina | irst Name) | 2. Surname (I Munoz | Last Name) | | 3. Date 07-March-2019 |
| 4. Are you the cor | rresponding author? | ✓ Yes | No | | |
| 5. Manuscript Titl Managing Loop | | ite Decompens | ated Heart Fail | ure with High-dose Spir | onolactone: A Pilot Study |
| 6. Manuscript Ide | ntifying Number (if you l | (now it) | | | |
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| Section 2. | The Work Under (| Consideratior | n for Publicat | ion | |
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| Section 3. | Relevant financia | l activities ou | Itside the sul | omitted work. | |

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| Are there any relevant conflicts of interest? | | Yes | \checkmark | No |
|---|--|-----|--------------|----|
|---|--|-----|--------------|----|

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | | Yes | √ 1 | No |
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| Section 1. | Identifying Infor | mation | |
|--|---------------------------|----------------------------------|--|
| 1. Given Name (Fin Steven | rst Name) | 2. Surname (Last Name) Bailey | 3. Date 31-May-2019 |
| 4. Are you the cor | responding author? | Yes 🖌 No Co | responding Author's Name |
| 5. Manuscript Title High-dose Spiro Study. | | ents with Acute Decompensated | Heart Failure are Resistant to Loop Diuretics: A Pilot |
| 6. Manuscript Ider | ntifying Number (if you l | know it) | |

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| Are there any relevant conflicts of interest? | 1 | Yes |
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Dr. Bailey 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



| Section 1. Identifying Infor | mation | |
|---|---|-------------------------------------|
| 1. Given Name (First Name) Sonja | 2. Surname (Last Name) Brune | 3. Date 12-June-2019 |
| 4. Are you the corresponding author? | ✓ Yes No | |
| 5. Manuscript Title High-dose Spironolactone in Acute De | ecompensated Heart Failure that is Resistar | nt to Loop Diuretics: A Pilot Study |
| 6. Manuscript Identifying Number (if you M18-3285 | 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.)?

🖌 No

| Are there any relevant conflicts of interest? | Yes |
|---|-----|
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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**.

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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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| | | • | |



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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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.

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

Evaluation and Feedback