

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Stefenelli

3. Date
10-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cognitive illusion dependent on maximum numerical target dose: Prescription bias in treatment of chronic systolic heart failure

6. Manuscript Identifying Number (if you know it)
M19-0476

Section 2. The Work Under Consideration for Publication

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Dr. Stefenelli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hanno	2. Surname (Last Name) Ulmer	3. Date 01-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hülsmann
5. Manuscript Title Cognitive illusion dependent on maximum numerical target dose		
6. Manuscript Identifying Number (if you know it) M19-0476		

Section 2. The Work Under Consideration for Publication

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Dr. Ulmer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Georg	2. Surname (Last Name) Goliash	3. Date 28-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Hülsmann
5. Manuscript Title Prescription Bias in the Treatment of Chronic Systolic Heart Failure		
6. Manuscript Identifying Number (if you know it) M19-0476		

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1. Given Name (First Name)
Noemi

2. Surname (Last Name)
Pavo

3. Date
28-June-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Martin Hülsmann

5. Manuscript Title
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Hülsmann

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01-July-2019

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Section 1. Identifying Information

1. Given Name (First Name) Henrike	2. Surname (Last Name) Arfsten	3. Date 20-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin Hülsmann
5. Manuscript Title Prescription Bias in the Treatment of Chronic Systolic Heart Failure		
6. Manuscript Identifying Number (if you know it) M19-0476		

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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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

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Dr. Arfsten has nothing to disclose.

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