

ICMJE DISCLOSURE FORM

Date: 7/20/2024

Your Name: Benjamin Sasko

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Date: 7/20/2024

Your Name: Linda Scharow

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

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Date: 7/20/2024

Your Name: Rhea Müller

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

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Your Name: Monique Jänsch

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

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Your Name: Werner Dammermann

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ICMJE DISCLOSURE FORM

Date: 7/20/2024

Your Name: Felix Seibert

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/20/2024

Your Name: Philipp Hillmeister

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/20/2024

Your Name: Ivo Buschmann

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/20/2024

Your Name: Martin Christ

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/20/2024

Your Name: Oliver Ritter

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/20/2024

Your Name: Nazha Hamdani

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/20/2024

Your Name: Christian Ukena

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/20/2024

Your Name: Timm Westhoff

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/20/2024

Your Name: Theodoros Kelesidis

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

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ICMJE DISCLOSURE FORM

Date: 7/20/2024

Your Name: Nikolaos Pagonas

Manuscript Title: Reduced antioxidant High-Density Lipoprotein function in patients with coronary artery disease and acute coronary syndrome

Manuscript Number (if known): 187889-INS-CRPH-RV-3

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4	Consulting fees	☒ None <table border="1" data-bbox="376 344 1492 479"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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6	Payment for expert testimony	☒ None <table border="1" data-bbox="376 898 1492 999"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	☒ None <table border="1" data-bbox="376 1111 1492 1211"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	☐ None <table border="1" data-bbox="376 1323 1492 1453"> <tr> <td>The assay of HDLox is relevant to the patent PCT/US2015/018147 (to TK)</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	The assay of HDLox is relevant to the patent PCT/US2015/018147 (to TK)								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None <table border="1" data-bbox="376 1541 1492 1641"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None <table border="1" data-bbox="376 1727 1492 1827"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None	
13	Other financial or non-financial interests	☒ None	

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.