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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Eduardo</td>
<td>Alegría-Barrero</td>
<td>16-February-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No

Corresponding Author’s Name

Justin Davies

5. Manuscript Title

Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)

17-00445

## Section 2. The Work Under Consideration for Publication

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- [x] No

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- [x] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Alegría-Barrero 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)  
   Ali  

2. Surname (Last Name)  
   Alghamdi  

3. Date  
   17-February-2017  

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Justin Davies  

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI  

6. Manuscript Identifying Number (if you know it)  
   17-00445  

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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. Alghamdi 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)  
Rasha

2. Surname (Last Name)  
Al-Lamee

3. Date  
21-February-2017

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

Corresponding Author’s Name
Justin Davies

5. Manuscript Title  
Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
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Dr. Al-Lamee reports personal fees from Philips Volcano outside the submitted work.

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<td>2. Surname (Last Name)</td>
<td>3. Date</td>
</tr>
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<td>John</td>
<td>Altman</td>
<td>02-March-2017</td>
</tr>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [√] No  

   **Corresponding Author's Name**  
   Justin Davies

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Altman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sergio

2. Surname (Last Name)  
   Baptista

3. Date  
   16-February-2017

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

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Dr. Baptista reports grants and personal fees from St. Jude Medical and personal fees from Boston Scientific 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)  
   Ravinay

2. Surname (Last Name)  
   Bhindi

3. Date  
   23-February-2017

4. Are you the corresponding author?  
   No

5. Manuscript Title
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)
   17-00445

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?  
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Dr. Bhindi 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)  Waldemar

2. Surname (Last Name)  Bojara

3. Date  28-February-2017

4. Are you the corresponding author?  ☑ No

Corresponding Author's Name  Justin Davies

5. Manuscript Title

Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)

17-00445

Section 2. The Work Under Consideration for Publication

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Dr. Bojara has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Salvatore

2. Surname (Last Name)  
   Brugaletta

3. Date  
   16-February-2017

4. Are you the corresponding author?  
   Yes ✔ No

Corresponding Author’s Name
   Justin Davies

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
   17-00445

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Pedro

2. Surname (Last Name)  
   Canas da Silva

3. Date  
   28-February-2017

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Justin

2. Surname (Last Name)  
   Davies

3. Date  
   20-February-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

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   ✔ 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.

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Dr. Davies reports grants and personal fees from Volcano Corporation and personal fees from Imperial College during the conduct of the study, as well as grants and personal fees from Medtronic and ReCor Medical and grants from Astra Zeneca outside the submitted work. In addition, Dr. Davies has patents WO201110817 A2, US9339348 B2, WO2015013134 A3, EP3021741 A2, and US20150025330 A1 issued to Imperial College/Licensed to Volcano Corporation.

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Dehbi
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hakim-Moulay
2. Surname (Last Name) Dehbi
3. Date 20-February-2017

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

Corresponding Author’s Name
Justin Davies

5. Manuscript Title
Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)
17-00445

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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.)?

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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. Dehbi 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)  
   Carlo

2. Surname (Last Name)  
   Di Mario

3. Date  
   16-February-2017

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

   Corresponding Author’s Name  
   Justin Davies

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
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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.)?  

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

If yes, please fill out the appropriate information below.

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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?  
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Dr. Di Mario reports personal fees from Volcano Philips outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)       2. Surname (Last Name)
Joon-Hyung                        Doh

3. Date
16-February-2017

4. Are you the corresponding author?       ☑ No

Corresponding Author’s Name
Justin Davies

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Corresponding Author’s Name

Justin Davies

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1. Given Name (First Name)  
   Javier

2. Surname (Last Name)  
   Escaned

3. Date  
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   Justin Davies

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<td>[ ]</td>
<td>[X]</td>
<td></td>
<td></td>
<td>Consulting and speaker at educational events</td>
</tr>
<tr>
<td>Boston Scientific</td>
<td>[ ]</td>
<td>[X]</td>
<td></td>
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</tr>
<tr>
<td>Abbott / St. Jude Medical</td>
<td>[ ]</td>
<td>[X]</td>
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</tr>
</tbody>
</table>
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**

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Dr. Escaned reports personal fees from Philips Volcano, Boston Scientific, and Abbott / St. Jude Medical outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name) Robert
2. Surname (Last Name) Gerber
3. Date 16-February-2017
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI
6. Manuscript Identifying Number (if you know it) 17-00445

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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Dr. Gerber 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)  
Olaf

2. Surname (Last Name)  
Goeing

3. Date  
01-March-2017

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

Corresponding Author’s Name  
Justin Davies

5. Manuscript Title  
Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
17-00445

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Tobias
2. **Surname (Last Name)**
   - Härle
3. **Date**
   - 16-February-2017
4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No
   - Corresponding Author's Name: Justin Davies
5. **Manuscript Title**
   - Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI
6. **Manuscript Identifying Number (if you know it)**
   - 17-00445

### 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
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Are there any relevant conflicts of interest?
- [x] Yes
- [ ] No

If yes, please fill out the appropriate information below.

<table>
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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volcano Corporation</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
<td>Technical equipment for performance of a different study regarding IFR was a loan from the company</td>
</tr>
</tbody>
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Dr. Härle reports non-financial support from Volcano Corporation outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Farrel Steven

2. Surname (Last Name)  
   Hellig

3. Date  
   16-February-2017

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Justin Davies

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ciro

2. Surname (Last Name)  
   Indolfi

3. Date  
   27-February-2017

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Justin Davies

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Luc
2. Surname (Last Name)  Janssens
3. Date  16-February-2017
4. Are you the corresponding author?  No
5. Manuscript Title
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI
6. Manuscript Identifying Number (if you know it)  17-00445

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.)?
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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?  No
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Section 6. Disclosure Statement

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Dr. Janssens has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Allen

2. Surname (Last Name)  
   Jeremias

3. Date  
   22-February-2017

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

   Corresponding Author’s Name  
   Justin Davies

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
   17-00445

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

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Dr. Jeremias reports personal fees from St. Jude Medical and Volcano/Philips outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Rajesh
2. Surname (Last Name)  Kharbanda
3. Date  16-February-2017
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name  Justin Davies

5. Manuscript Title
Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)
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Dr. Kharbanda has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Ahmed

2. Surname (Last Name)  
   Khashaba

3. Date  
   23-February-2017

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   Corresponding Author’s Name  
   Justin Davies

5. Manuscript Title  
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Dr. Khashaba reports other support from Volcano Corporation during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  Yuetsu
2. Surname (Last Name)  Kikuta
3. Date  02-February-2017
4. Are you the corresponding author?  ☑ Yes  ☐ No
   Corresponding Author’s Name  Justin E. Davies
5. Manuscript Title
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Dr. Kikuta reports personal fees from Philips Volcano during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Bon-Kwon

2. Surname (Last Name)  
   Koo

3. Date  
   17-February-2017

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Justin Davies

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
   17-00445

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Dr. Koo has nothing to disclose.

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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Justin Davies

5. Manuscript Title
Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)
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Dr. Krackhardt 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)  
   Mika

2. Surname (Last Name)  
   Laine

3. Date  
   16-February-2017

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
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   [x] 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.

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Dr. Laine reports grants from Imperial College London during the conduct of the study.

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1. Given Name (First Name)  
   Sam

2. Surname (Last Name)  
   Lehman

3. Date  
   17-February-2017

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name
   Justin Davies

5. Manuscript Title  
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Dr. Lehman has nothing to disclose.

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1. Given Name (First Name)  
Iqbal

2. Surname (Last Name)  
Malik

3. Date  
28-February-2017

4. Are you the corresponding author?  
☑ No

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Dr. Malik has nothing to disclose.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

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<td>Hitoshi</td>
<td>Matsuo</td>
<td>17-February-2017</td>
</tr>
</tbody>
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4. Are you the corresponding author? [ ] Yes ☑ No

Corresponding Author’s Name: Justin Davies

5. Manuscript Title

Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)

17-00445

### 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.)?

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Matsuo 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)  
   Martijn

2. Surname (Last Name)  
   Meuwissen

3. Date  
   16-February-2017

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Justin Davies

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
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Dr. Meuwissen 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)  
   Chang-Wook

2. Surname (Last Name)  
   Nam

3. Date  
   16-February-2017

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
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## 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.)?

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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?  
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Section 5. Relationships not covered above

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Dr. Nam has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Giampaolo
2. Surname (Last Name) Niccoli
3. Date 16-February-2017
4. Are you the corresponding author? ✔ No
   Corresponding Author’s Name Justin Davies
5. Manuscript Title
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI
6. Manuscript Identifying Number (if you know it)
   17-00445

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Dr. Niccoli has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sukhjinder  
2. Surname (Last Name)  
   Nijjer  
3. Date  
   16-February-2017  
4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No  
   Corresponding Author’s Name  
   Justin Davies  
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Are there any relevant conflicts of interest?  
   ☑ Yes  
   ☐ No  
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<tr>
<td>Volcano Corporation</td>
<td>☐</td>
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Dr. Nijjer reports grants from Medical Research Council (UK) and personal fees and non-financial support from Volcano Corporation during the conduct of the study.

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Section 1. Identifying Information

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   Manesh

2. Surname (Last Name)  
   Patel

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Justin Davies

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6. Manuscript Identifying Number (if you know it)  
17-00445

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.

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Yes ☑ No

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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?

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Section 6. Disclosure Statement

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Dr. Patel reports grants and personal fees from Volcano during the conduct of the study, as well as grants and personal fees from AstraZeneca and Janssen and personal fees from Bayer outside the submitted work.

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)  
   Ricardo

2. Surname (Last Name)  
   Petraco

3. Date  
   17-February-2017

4. Are you the corresponding author?  
   Yes [✓]  No

   Corresponding Author’s Name  
   Justin Davies

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
   17-00445

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Dr. Petraco reports personal fees from Philips Volcano 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) Jan
2. Surname (Last Name) Piek
3. Date 16-February-2017
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI
6. Manuscript Identifying Number (if you know it)
17-00445

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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.)?
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Reimbursement travel and hotel costs for MAB meetings and educational symposia; Member MAB
Fee for attendance at advisory board meetings and reimbursement for travel and hotel costs; Consultant
Grant fee for clinical pilot study and reimbursement for travel and hotel costs; consultant
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

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Dr. Piek reports grants and personal fees from Abbott Vascular, Philips Volcano, and Miracor 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)  
   Flavio  
2. Surname (Last Name)  
   Ribichini  
3. Date  
   17-February-2017  
4. Are you the corresponding author?  
   ✔ No  
5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI  
6. Manuscript Identifying Number (if you know it)  
   17-00445  

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ribichini 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)  Habib
2. Surname (Last Name)  Samady
3. Date  01-March-2017
4. Are you the corresponding author?  No

Corresponding Author’s Name  Justin Davies

5. Manuscript Title
Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

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Dr. Samady 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)  
   James

2. Surname (Last Name)  
   Sapontis

3. Date  
   18-February-2017

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author’s Name  
   Justin Davies

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
   17-00445

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?  
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   [ ] Yes  [x] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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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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Dr. Sapontis 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) Sayan
2. Surname (Last Name) Sen
3. Date 28-February-2017
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Justin Davies
5. Manuscript Title Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI
6. Manuscript Identifying Number (if you know it) 17-00445

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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.

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Dr. Sen reports grants from Volcano Corporation during the conduct of the study, as well as grants and personal fees from Philips and grants from Medtronic outside the submitted work.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Patrick W.  

2. Surname (Last Name)  
   Serruys  

3. Date  
   17-February-2017  

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

   Corresponding Author’s Name  
   Justin Davies  

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI  

6. Manuscript Identifying Number (if you know it)  
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Dr. Serruys reports personal fees from Abbott, AstraZeneca, Biotronik, Cardialysis, GLG Research, Medtronic, Sinomedical, Société Europa Digital & Publishing, Stentys, Svelte, Philips Volcano, St. Jude Medical, Qualimed, and Xeltis outside the submitted work.
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1. Given Name (First Name)  
   Arnold

2. Surname (Last Name)  
   Seto

3. Date  
   16-February-2017

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Justin Davies

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Murat
2. Surname (Last Name)  Sezer
3. Date  21-February-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Justin Davies
5. Manuscript Title
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI
6. Manuscript Identifying Number (if you know it)
   17-00445

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
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

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Dr. Sezer 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) Andrew
2. Surname (Last Name) Sharp
3. Date 16-February-2017
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Justin Davies
5. Manuscript Title
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI
6. Manuscript Identifying Number (if you know it) 17-00445

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Are there any relevant conflicts of interest? Yes ☑ No

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<th>Non-Financial Support?</th>
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<td>Consultancy fees for teaching</td>
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Dr. Sharp reports personal fees from Philips Volcano 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)  Eun-Seok
2. Surname (Last Name)     Shin
3. Date                    16-February-2017

4. Are you the corresponding author?  
   ☑ Yes  No

Corresponding Author’s Name
Justin Davies

5. Manuscript Title
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)
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Dr. Shin 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)  Jasvindar
2. Surname (Last Name)  Singh
3. Date  28-February-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Justin Davies
5. Manuscript Title
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI
6. Manuscript Identifying Number (if you know it)
   17-00445

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.

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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Dr. Singh reports personal fees from Volcano Corporation during the conduct of the study, as well as personal fees from Volcano Corporation outside the submitted work.

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<td>Takashima</td>
<td>17-February-2017</td>
</tr>
</tbody>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

- Corresponding Author’s Name: Justin Davies

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   17-00445

## Section 2. The Work Under Consideration for Publication

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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?  

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Takashima has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Suneel
2. Surname (Last Name)  Talwar
3. Date  16-February-2017
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Justin Davies
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Are there any relevant conflicts of interest?  Yes  No

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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. Talwar 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) Nobuhiro
2. Surname (Last Name) Tanaka
3. Date 20-February-2017

4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Justin Davies

5. Manuscript Title
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)
   17-00445

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Dr. Tanaka reports personal fees from Volcano Corporation (Japan), St. Jude Medical, and Boston Scientific 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)  Kare
2. Surname (Last Name)  Tang
3. Date  23-February-2017
4. Are you the corresponding author?  ☑ No

5. Manuscript Title
Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)
17-00445

Section 2. The Work Under Consideration for Publication

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Dr. Tang 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)
   Eric

2. Surname (Last Name)
   Van Belle

3. Date
   17-February-2017

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

   Corresponding Author’s Name
   Justin Davies

5. Manuscript Title
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)
   17-00445

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Niels
2. Surname (Last Name) van Royen
3. Date 01-March-2017
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title
Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI
6. Manuscript Identifying Number (if you know it)
17-00445

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1. Given Name (First Name)  
Hugo

2. Surname (Last Name)  
Vinhas

3. Date  
19-February-2017

4. Are you the corresponding author?  
[ ] Yes  ✔ No

Corresponding Author’s Name  
Justin Davies

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
[ ] Yes  ✔ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volcano Corporation</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Providing education lectures on coronary physiology</td>
</tr>
</tbody>
</table>

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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Dr. Vinhas reports personal fees from Volcano Corporation outside the submitted work.

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1. Identifying information.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Christiaan

2. Surname (Last Name)  
   Vrints

3. Date  
   20-February-2017

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name: Justin Davies

5. Manuscript Title  
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)  
   17-00445

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Vrints has nothing to disclose.

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1. Given Name (First Name)
   Darren

2. Surname (Last Name)
   Walters

3. Date
   16-February-2017

4. Are you the corresponding author? 
   [ ] Yes  ✔ No

   Corresponding Author’s Name
   Justin Davies

5. Manuscript Title
   Use of the Instantaneous Wave-Free Ratio or Fractional Flow Reserve in PCI

6. Manuscript Identifying Number (if you know it)
   17-00445

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Are there any relevant conflicts of interest?  [ ] Yes  ✔ No

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Section 1. Identifying Information

1. Given Name (First Name) 
   Hiroyoshi

2. Surname (Last Name) 
   Yokoi

3. Date 
   28-February-2017

4. Are you the corresponding author?   ☑ No

Corresponding Author’s Name
   Justin Davies

5. Manuscript Title
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