

Health Physics



Authorship Responsibility, Disclosure, and Copyright Transfer

Manuscript Title Efficacy of combination therapy with natriuretic and aquaretic drugs in liver cirrhosis patients with ascites: A randomized study

including all accompanying digital supplementary content, if any (the "Work")

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3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X ADD
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7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X ADD

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							ADD
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							ADD
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							ADD
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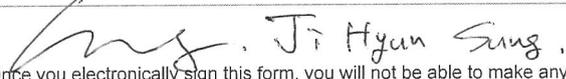
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Are you the corresponding Author?
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6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD

[†] This means money that your institution received for your efforts on this study. ^{**} Use this section to provide any needed explanation.

2. 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. 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 submission.

Type	No	Money Paid to you	Money to Your Institution [†]	Name of Entity	Is the relationship current (C), ongoing (O), or past (P)?	Comments**	
1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
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[†] This means money that your institution received for your efforts. ^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Type	No	Money Paid to you	Money to Your Institution*	Name of Entity	Is the relationship current (C), ongoing (O), or past (P)?	Comments**	
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
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Are you the corresponding Author?
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7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
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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. 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 submission.

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 No

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							ADD
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							ADD
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							ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> P		X
							ADD
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