

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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.

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4. Intellectual Property.

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

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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)

Jian

2. Surname (Last Name)

Wang

3. Date

12-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Yining Wang

5. Manuscript Title

Diagnostic efficacy of 2-shot compressed sensing cine sequence cardiovascular magnetic resonance imaging for left ventricular function

6. Manuscript Identifying Number (if you know it)

CDT-20-135-R1

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Are there any relevant conflicts of interest?

Yes

No

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xiao	2. Surname (Last Name) Li	3. Date 12-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yining Wang
5. Manuscript Title Diagnostic efficacy of 2-shot compressed sensing cine sequence cardiovascular magnetic resonance imaging for left ventricular function		
6. Manuscript Identifying Number (if you know it) CDT-20-135-R1		

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Section 1. Identifying Information

1. Given Name (First Name)

Lu

2. Surname (Last Name)

Lin

3. Date

12-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yining Wang

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Jingwen	2. Surname (Last Name) Dai	3. Date 12-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yining Wang
5. Manuscript Title Diagnostic efficacy of 2-shot compressed sensing cine sequence cardiovascular magnetic resonance imaging for left ventricular function		
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Section 1. Identifying Information

1. Given Name (First Name) Michaela	2. Surname (Last Name) Schmidt	3. Date 12-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yining Wang
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Section 1. Identifying Information

1. Given Name (First Name) Christoph	2. Surname (Last Name) Forman	3. Date 12-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yining Wang
5. Manuscript Title Diagnostic efficacy of 2-shot compressed sensing cine sequence cardiovascular magnetic resonance imaging for left ventricular function		
6. Manuscript Identifying Number (if you know it) CDT-20-135-R1		

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Are there any relevant conflicts of interest? Yes No

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12-April-2020

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No

Corresponding Author's Name

Yining Wang

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Zhengyu

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Jin

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12-April-2020

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Corresponding Author's Name

Yining Wang

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