

## ICMJE DISCLOSURE FORM

Date: Apr. 27<sup>th</sup>, 2022

Your Name: Jing Yang

Manuscript Title: Twelve-week high-fat diet improved adverse ventricular remodeling post-myocardial infarction by alleviating local inflammation

Manuscript number (if known): ATM-22-1218-CL

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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<b>Time frame: Since the initial planning of the work</b>			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

I have no conflict of interest to declare.

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

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

## ICMJE DISCLOSURE FORM

Date: Apr. 27<sup>th</sup>, 2022

Your Name: Bifang Mai

Manuscript Title: Twelve-week high-fat diet improved adverse ventricular remodeling post-myocardial infarction by alleviating local inflammation

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## ICMJE DISCLOSURE FORM

Date: Apr. 27<sup>th</sup>, 2022

Your Name: Yinqing Su

Manuscript Title: Twelve-week high-fat diet improved adverse ventricular remodeling post-myocardial infarction by alleviating local inflammation

Manuscript number (if known): ATM-22-1218-CL

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Date: Apr. 27<sup>th</sup>, 2022

Your Name: Zizhuo Su

Manuscript Title: Twelve-week high-fat diet improved adverse ventricular remodeling post-myocardial infarction by alleviating local inflammation

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## ICMJE DISCLOSURE FORM

Date: Apr. 27<sup>th</sup>, 2022

Your Name: Yuyang Chen

Manuscript Title: Twelve-week high-fat diet improved adverse ventricular remodeling post-myocardial infarction by alleviating local inflammation

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Date: Apr. 27<sup>th</sup>, 2022

Your Name: Shuanglun Xie

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