

# ICMJE DISCLOSURE FORM

Date: 05/06/2021  
 Your Name: Zhixun Bai  
 Manuscript Title: Development of a machine learning model to predict the risk of late cardiogenic shock in patients with ST-segment elevation myocardial infarction  
 Manuscript number (if known): \_\_\_\_\_

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.

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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.

		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)
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____None	
6	Payment for expert testimony	_____None	
7	Support for attending meetings and/or travel	_____None	
8	Patents planned, issued or pending	_____None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____None	
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 summarize the above conflict of interest in the following box:**

Dr. Bai has nothing to disclose.
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**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: 05/06/2021  
 Your Name: Shan Hu  
 Manuscript Title: Development of a machine learning model to predict the risk of late cardiogenic shock in patients with ST-segment elevation myocardial infarction  
 Manuscript number (if known): \_\_\_\_\_

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

Dr. Hu has nothing to disclose.

**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: 05/06/2021  
 Your Name: Yan Wang  
 Manuscript Title: Development of a machine learning model to predict the risk of late cardiogenic shock in patients with ST-segment elevation myocardial infarction  
 Manuscript number (if known): \_\_\_\_\_

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

Dr. Wang has nothing to disclose.

**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: 05/06/2021  
 Your Name: Wenwen Deng  
 Manuscript Title: Development of a machine learning model to predict the risk of late cardiogenic shock in patients with ST-segment elevation myocardial infarction  
 Manuscript number (if known): \_\_\_\_\_

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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6	Payment for expert testimony	_____None	
7	Support for attending meetings and/or travel	_____None	
8	Patents planned, issued or pending	_____None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____None	
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 summarize the above conflict of interest in the following box:**

Dr. Deng has nothing to disclose.
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**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: 05/06/2021  
 Your Name: Ning Gu  
 Manuscript Title: Development of a machine learning model to predict the risk of late cardiogenic shock in patients with ST-segment elevation myocardial infarction  
 Manuscript number (if known): \_\_\_\_\_

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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4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____None	
6	Payment for expert testimony	_____None	
7	Support for attending meetings and/or travel	_____None	
8	Patents planned, issued or pending	_____None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____None	
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 summarize the above conflict of interest in the following box:**

Dr. Gu has nothing to disclose.

**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: 05/06/2021  
 Your Name: Ranzun Zhao  
 Manuscript Title: Development of a machine learning model to predict the risk of late cardiogenic shock in patients with ST-segment elevation myocardial infarction  
 Manuscript number (if known): \_\_\_\_\_

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.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____None	
6	Payment for expert testimony	_____None	
7	Support for attending meetings and/or travel	_____None	
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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 summarize the above conflict of interest in the following box:**

Dr. Zhao has nothing to disclose.

**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: 05/06/2021  
 Your Name: Wei Zhang  
 Manuscript Title: Development of a machine learning model to predict the risk of late cardiogenic shock in patients with ST-segment elevation myocardial infarction  
 Manuscript number (if known): \_\_\_\_\_

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

Dr. Zhang has nothing to disclose.

**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: 05/06/2021  
 Your Name: Yi Ma  
 Manuscript Title: Development of a machine learning model to predict the risk of late cardiogenic shock in patients with ST-segment elevation myocardial infarction  
 Manuscript number (if known): \_\_\_\_\_

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

Dr.Ma has nothing to disclose.

**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: 05/06/2021  
 Your Name: Zhenglong Wang  
 Manuscript Title: Development of a machine learning model to predict the risk of late cardiogenic shock in patients with ST-segment elevation myocardial infarction  
 Manuscript number (if known): \_\_\_\_\_

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____None	
13	Other financial or non-financial interests	_____None	

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

Dr.Wang has nothing to disclose.
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**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: 05/06/2021  
 Your Name: Zhijiang Liu  
 Manuscript Title: Development of a machine learning model to predict the risk of late cardiogenic shock in patients with ST-segment elevation myocardial infarction  
 Manuscript number (if known): \_\_\_\_\_

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____None	
13	Other financial or non-financial interests	_____None	

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

Dr.Liu has nothing to disclose.

**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: 05/06/2021  
 Your Name: Changyin Shen  
 Manuscript Title: Development of a machine learning model to predict the risk of late cardiogenic shock in patients with ST-segment elevation myocardial infarction  
 Manuscript number (if known): \_\_\_\_\_

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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____None	
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 summarize the above conflict of interest in the following box:**

Dr.Shen has nothing to disclose.

**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: 05/06/2021  
 Your Name: Bei Shi  
 Manuscript Title: Development of a machine learning model to predict the risk of late cardiogenic shock in patients with ST-segment elevation myocardial infarction  
 Manuscript number (if known): \_\_\_\_\_

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

Dr.Shi has nothing to disclose.

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