	te:05/06/2021		
	ur Name:Zhixun Bai		
			ning model to predict the risk of late cardiogenic shock in
-	_	•	1
IVI	anuscript number (if known)	):	
rel parto rel Thomas Thomas In i	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only.  e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" means affected by the content of the author's relationship ivities/interests should be the content of th	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	motitudion,
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		T:	26 months
2	Grants or contracts from	Time frame: past	36 months
2	Grants or contracts from	Time frame: past	36 months
2	any entity (if not indicated		36 months
	any entity (if not indicated in item #1 above).	None	36 months
2	any entity (if not indicated		36 months
	any entity (if not indicated in item #1 above).	None	36 months

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of equipment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

NI			• •	
Please sum	imarize the abo	ive conflict of i	interest in th	e following box:

Dr. Bai has nothing to disclose.	ai has nothing to disclose.	
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Please place an "X" next to the following statement to indicate your agreement:

Da	te:05/06/2021			
Yo	ur Name:Shan Hu			
Ma	nuscript Title:Deve	lopment of a machine lea	arning model to predict the risk of late cardiogenic shock i	n
-	_	<u>-</u>	on	
Ma	nuscript number (if known)	:		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.	
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertain re all relationships with manufacturers of antihypertensive the manuscript.	
	tem #1 below, report all su time frame for disclosure i	•	ed in this manuscript without time limit. For all other iter	ns,
		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)	
		Time frame: Since the initi	al planning of the work	
l	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None		
	processing charges, etc.)  No time limit for this item.			
)	Crants or contracts from	Time frame: pas	t 36 months	
<u> </u>	Grants or contracts from any entity (if not indicated	None	+	
	in item #1 above).			
3	Royalties or licenses	None		

4

Consulting fees

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
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	None	
	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	None	

Dr	. Hu has nothing to disclose.			
-				

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

Da	te:05/06/2021		
	ur Name:Yan Wang		
		= -	arning model to predict the risk of late cardiogenic shock in
-	_	_	on
Ma	nuscript number (if known)	):	
related to	ated to the content of your ries whose interests may be transparency and does not eationship/activity/interest, e following questions apply muscript only.  e author's relationships/act the epidemiology of hypertoners	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be	nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
In i		• •	ed in this manuscript without time limit. For all other items,
In i	tem #1 below, report all su	Name all entities with whom you have this relationship or indicate none (add rows as	·
In i	tem #1 below, report all su	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)
In i	tem #1 below, report all sup time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)
In i	tem #1 below, report all super time frame for disclosure is	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)
In i	tem #1 below, report all sup time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)
In i	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)
In i	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)
In i	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)
In i	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)
In i	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi None	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work
In i the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi None	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work
In i	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi None	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work
In i the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi None	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work
In i the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi None	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work

4

Consulting fees

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of equipment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

NI			• •	
Please sum	imarize the abo	ive conflict of i	interest in th	e following box:

Dr. Wang has nothing to disclose.

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

Date:05/06/		· · · · · · · · · · · · · · · · · · ·	
	Wenwen De	9	
-		•	arning model to predict the risk of late cardiogenic shock in
•	-	-	on
Manuscript nu	mber (if known)	<b>:</b>	
related to the parties whose to transparence	content of your interests may be cy and does not	manuscript. "Related" me e affected by the content	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a
•	questions apply		nips/activities/interests as they relate to the <u>current</u>
to the epidemi	iology of hypert		e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript.
	· ·	pport for the work report s the past 36 months.	ed in this manuscript without time limit. For all other iten
		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)
		Time frame: Since the initia	al planning of the work
	for the present		
provision of medical writ processing o	(e.g., funding, study materials, ting, article charges, etc.)	None	
provision of medical writ processing o	(e.g., funding, study materials, ting, article	None	
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provision of medical write processing of No time lim  Grants or coany entity (i	(e.g., funding, study materials, ting, article charges, etc.) it for this item.  ontracts from f not indicated bove).	Time frame: pas	t 36 months

Consulting fees

None

4

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of equipment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Dr. Deng has nothing to disclose.		

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

	te:05/06/2021		
Yo	ur Name:Ning Gu		
		•	rning model to predict the risk of late cardiogenic shock in
-	_	•	on
M	anuscript number (if known)	):	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only.  e author's relationships/act	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a io so.  hips/activities/interests as they relate to the current is defined broadly. For example, if your manuscript pertains it all relationships with manufacturers of antihypertensive
In	edication, even if that medic item #1 below, report all su e time frame for disclosure i	pport for the work report	the manuscript.  ed in this manuscript without time limit. For all other items
		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)
		Time frame: Since the initia	al planning of the work
L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time from	t 26 months
)	Grants or contracts from	Time frame: pas	t 56 months
=	any entity (if not indicated	None	
	in item #1 above).		
}	I	None	
3	in item #1 above).	None	

Consulting fees

None

4

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	

r. Gu has nothing to disclose.	

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

Da	te:05/06/2021					
	ur Name:Ranzun Zhac					
Ma	Manuscript Title:Development of a machine learning model to predict the risk of late cardiogenic shock in					
pa	tients with ST-segment elev	ation myocardial infarction	on			
Ma	anuscript number (if known)	):				
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.			
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current			
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive on the manuscript.			
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other item			
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		needed) Time frame: Since the initi	al planning of the work			
	All account for the consent	1	al planning of the work			
	All support for the present manuscript (e.g., funding,	None				
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		Time frame: pas	st 36 months			
	Grants or contracts from	None				
	any entity (if not indicated					
	in item #1 above).					
	Royalties or licenses	None				

4

Consulting fees

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
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	None	
	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	None	

Dr. Zhao has nothing to disc	close.	
Dr. Zhao has nothing to disc	close.	

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

Da	Date:05/06/2021						
Yo	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						
Ma	Manuscript number (if known):						
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.				
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current				
to		ension, you should declare	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript.				
	item #1 below, report all sup e time frame for disclosure is	• •	ed in this manuscript without time limit. For all other iten	ns,			
		Name all entities with	Specifications/Comments				
		whom you have this	(e.g., if payments were made to you or to your				
		relationship or indicate none (add rows as	institution)				
		needed)					
		needed)					
1		Time frame: Since the initia	al planning of the work				
	All support for the present	•	al planning of the work				
	manuscript (e.g., funding,	Time frame: Since the initia	al planning of the work				
	manuscript (e.g., funding, provision of study materials,	Time frame: Since the initia	al planning of the work				
	manuscript (e.g., funding, provision of study materials, medical writing, article	Time frame: Since the initia	al planning of the work				
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initia	al planning of the work				
	manuscript (e.g., funding, provision of study materials, medical writing, article	Time frame: Since the initia	al planning of the work				
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initia	al planning of the work				
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initial					
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initia					
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Time frame: Since the inition  None  Time frame: pas					
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: Since the inition  None  Time frame: pas					
22	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	Time frame: Since the inition  None  Time frame: pas					

4

Consulting fees

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	

Dr. Zhang has nothing to disclose.	
------------------------------------	--

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

	te:05/06/2021						
Ma pat	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						
Ma	nuscript number (if known)	:	<del>-</del>				
rela pai to	ated to the content of your ries whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.				
	e following questions apply nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>				
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.				
	tem #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other items				
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)				
		needed)					
		Time frame: Since the initial	planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials,	None					
	medical writing, article						
	processing charges, etc.)						
	No time limit for this item.						

Time frame: past 36 months

None

None

None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

4

any entity (if not indicated

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
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	None	
	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	None	

Dr.Ma has nothing to disclose.		

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

### ICM IF DISCLOSURE FORM

		ICIVIJE DIS	LLUSURE FURIVI	
Date:05/06/				
Your Name:				
•		-	arning model to predict the risk of late cardiogenic shock in	1
•	_		on	
Manuscript nu	mber (if known	):		
related to the oparties whose to transparence	content of your interests may b y and does not	manuscript. "Related" me e affected by the content	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.	
The following o		to the author's relationsh	nips/activities/interests as they relate to the current	
to the epidemi	ology of hypert		e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript.	
	•	pport for the work report is the past 36 months.	ed in this manuscript without time limit. For all other item	ıs,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		1 1	1 11 11 1	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
0	testimony	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	Nene	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Dr. Wang has nothing to disclose.	

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

Da	te:05/06/2021			
Yo	ur Name:Zhijiang Liu_			
	-	-	rning model to predict the risk of late cardiogenic shock in	
-	_		n	
Ma	nuscript number (if known)	<u></u>		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.	;
	item #1 below, report all sup e time frame for disclosure is	s the past 36 months.	ed in this manuscript without time limit. For all other item	s,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as	institution)	
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)  No time limit for this item.			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	None None		
	any entity (if not indicated			
	any entity (if not indicated in item #1 above).			
3		None		

4

Consulting fees

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
0	testimony	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	Nene	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Dr.Liu has nothing to disclose.	

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

Da	te:05/06/2021			
Yo	ur Name:Changyin Sh	en		
Ma	nuscript Title:Deve	elopment of a machine lea	rning model to predict the risk of late cardiogenic shock	in
pat	tients with ST-segment elev	ation myocardial infarction	on	
Ma	nuscript number (if known)	):		
relatorel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply	manuscript. "Related" mo e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a o so.  hips/activities/interests as they relate to the current	
ma	nuscript only.			
to me	the epidemiology of hyperto dication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertage all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other item	⁄e
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as	satuats,	
		needed)		
		Time frame: Since the initi	al planning of the work	
1	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		

4

Consulting fees

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of equipment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Dr.Shen has nothing to disclose.

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

Da	te:05/06/2021						
Yo	ur Name:Bei Shi						
Ma	nuscript Title:Deve	lopment of a machine lea	rning model to predict the risk of late cardiogenic shock in				
pat	tients with ST-segment elev	ation myocardial infarctio	on				
Ma	nuscript number (if known)	:					
related to the mass of the mas	late: 05/06/2021  Our Name: Bei Shi						
			0. 10. 11. 10.				
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your				
			al planning of the work				
1	All support for the present	None					
	<u> </u>						
		Time frame: pas	t 36 months				
2	Grants or contracts from						
	any entity (if not indicated						
	in item #1 above).						
3	Royalties or licenses	None					

4

Consulting fees

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of annique set	Niere	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

NI		(11 ( 1		11
Please sum	imarize the abo	ve conflict of int	erest in the to	illowing box:

Dr.Shi has nothing to disclose.	
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Please place an "X" next to the following statement to indicate your agreement: