

**ICMJE DISCLOSURE FORM**

Date: 2021.9.26

Your Name: \_\_\_\_\_

*Li Zhang*

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

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.

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.

		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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<b>Time frame: past 36 months</b>			
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 lectures, presentations, speakers bureaus,	____ None	

	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 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	

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

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: 2021.9.26

Your Name: \_\_\_\_\_

*Peimei Cai*

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2021.9.26

Your Name: \_\_\_\_\_

*Kinlong Deng*

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2021.9.26

Your Name: Jiumin Lin

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2021.9.26

Your Name: Muli Wu

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2021.9.26

Your Name: Zhongbo Jiao

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2021.9.26

Your Name: Zhengpei Chu

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	DARMA technology Co., Ltd. (DARMA Lab), China	

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The author is from DARMA technology Co., Ltd. (DARMA Lab), China. This study was funded by the 2019 Shantou Medical Science Talent Cultivation and Clinical Technology Promotion Project(190917105269872). The payments were made to the First Affiliated Hospital of Shantou University Medical College. The funder had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript. This study does not have the situation of items 2-12.

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## ICMJE DISCLOSURE FORM

Date: 2021.9.26

Your Name: Qingfeng Shi

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

Manuscript number (if known): \_\_\_\_\_

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### ICMJE DISCLOSURE FORM

Date: 2021.9.26

Your Name: \_\_\_\_\_

*Fei Ye*

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2021.9.26

Your Name: Junhao Hu

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

Manuscript number (if known): \_\_\_\_\_

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	This study was funded by the 2019 Shantou Medical Science Talent Cultivation and Clinical Technology Promotion Project (190917105269872).	The payments were made to the First Affiliated Hospital of Shantou University Medical College. The funder had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.
<b>Time frame: past 36 months</b>			
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 lectures, presentations, speakers bureaus,	___ None	

	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 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	DARMA technology Co., Ltd. (DARMA Lab), China	

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

The author is from DARMA technology Co., Ltd. (DARMA Lab), China. This study was funded by the 2019 Shantou Medical Science Talent Cultivation and Clinical Technology Promotion Project(190917105269872). The payments were made to the First Affiliated Hospital of Shantou University Medical College. The funder had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript. This study does not have the situation of items 2-12.

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

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: 2021.9.26

Your Name: Chao Yang

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

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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X

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## ICMJE DISCLOSURE FORM

Date: 2021.9.26

Your Name: Peng yang Li

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

Manuscript number (if known): \_\_\_\_\_

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### ICMJE DISCLOSURE FORM

Date: 2021.9.26

Your Name: Shao chun Zhuang

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	Cardiostory Inc., the United States	

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

The author is from Cardiostory Inc., the United States. This study was funded by the 2019 Shantou Medical Science Talent Cultivation and Clinical Technology Promotion Project(190917105269872). The payments were made to the First Affiliated Hospital of Shantou University Medical College. The funder had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript. This study does not have the situation of items 2-12.

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## ICMJE DISCLOSURE FORM

Date: 2021.9.26

Your Name: Bin Wang

Manuscript Title: Using a non-invasive multi-sensor device to evaluate left atrial pressure: an estimated filling pressure derived from ballistocardiography

Manuscript number (if known): \_\_\_\_\_

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