

### ICMJE DISCLOSURE FORM

Date: 2021.12.23

Your Name: Haining Zheng

郑海宁

Manuscript Title: Experimental study: using the continuous wave Doppler spectrum technique to detect left atrial pressure

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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|   |  | 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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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | National Natural Science Foundation of China (No. 81771833) and the Natural Science Foundation of Beijing, China (No. 7172209) |   |
|   |  | Mindray Medical International Limited  |   |
|   |  | Mindray Medical International Limited and Michael Chen (Telus Mobility, Canada).   |   |
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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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**ICMJE DISCLOSURE FORM**

Date: 2021.12.23

Your Name: Yan Jin

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Manuscript number (if known):

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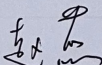
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## ICMJE DISCLOSURE FORM

Date: 2021.12.23

Your Name: Rui Zhao



Manuscript Title: Experimental study: using the continuous wave Doppler spectrum technique to detect left atrial pressure

Manuscript number (if known):

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
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**ICMJE DISCLOSURE FORM**

Date: 2021.12.23

Your Name: Xiaoqing Wang 

Manuscript Title: Experimental study: using the continuous wave Doppler spectrum technique to detect left atrial pressure

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## ICMJE DISCLOSURE FORM

Date: 2021.12.23

Your Name: Chaoyang Wen

Manuscript Title: Experimental study: using the continuous wave Doppler spectrum technique to detect left atrial pressure

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