Date: 2021.12.23

Your Name: Haining Zheng

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

pressure

Manuscript number (if known):

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| 3 | Royalties or licenses | _X_None | The second secon |
| 4 | Consulting fees | _X_None | |

| 5 | Payment or honoraria for lectures, presentations, | XNone | |
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| | speakers bureaus, manuscript writing or educational events | - | Marie Hamby Zheng Theory |
| 6 | Payment for expert | _X_None | |
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| 7 | Support for attending meetings and/or travel | XNone | |
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Date: 2021.12.23
Your Name: Yan Jin

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

pressure

Manuscript number (if known):

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| 4 | Consulting fees | XNone | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | X_None | Torthermal work |
|----|---|---------|-----------------|
| 7 | Support for attending meetings and/or travel | _X_None | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X_None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X_None | |
| 11 | Stock or stock options | X_None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | |
| 13 | Other financial or non- financial interests | _X_None | |

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 $\underline{X}\underline{I} \ \text{I certify that I have answered every question and have not altered the wording of any of the questions on this form.}$

Date: 2021.12.23

Your Name: Yuwei Fu

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

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Manuscript number (if known):

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X_None | and Special Court |
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| 6 | Payment for expert testimony | X_None | |
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Date: 2021.12.23

Your Name: Rui Zhao

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

pressure

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| 6 | Payment for expert testimony | _X_None |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: 2021.12.23 | |
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| Your Name: Xiaoging Wang + 22/2 | |
| Your Name: Xiaoqing Wang Manuscript Title: Experimental study: using the continuous wave Doppler | spectrum technique to detect left atria |
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| В | testimony | X_None |
| 7 | Support for attending meetings and/or travel | _X_None |
| 8 | Patents planned, issued or pending | X_None |
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Date: 2021.12.23

Your Name: Chaoyang Wen

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