	2022LinSheng Song
Manuscript Title:	Preliminary study on the diagnostic value of cardiac magnetic resonance feature tracking for lar arrhythmias in non-ischemic dilated cardiomyopathy
Manuscript numbe	r (if known):
In the interest of tr	ansparency, 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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
		Time frame: Since the initial	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 mint for this item.		
		Time frame: past	26 months
2	Grants or contracts from	None	50 months
	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
,	Noyalties of licelises		
4	Consulting fees	None	

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	None	
/	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	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

The author has no conflicts of interest to declare.

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

Date	e:25 Jan 20	22	
		Xinyi Zhao	
Man mali	uscript Title: gnant ventricula	Preliminary study on the diagonal rarrhythmias in non-ischemic	nostic value of cardiac magnetic resonance feature tracking for dilated cardiomyopathy
Man	uscript number (	if known):	
In th	e interest of trar	sparency, we ask you to disclo	ose all relationships/activities/interests listed below that are
relat	ed to the conten	t of your manuscript. "Related	I" means any relation with for-profit or not-for-profit third
-		· · · · · · · · · · · · · · · · · · ·	tent of the manuscript. Disclosure represents a commitment
	• •	does not necessarily indicate a 'interest, it is preferable that y	bias. If you are in doubt about whether to list a ou do so.
	following questic uscript only.	ons apply to the author's relati	onships/activities/interests as they relate to the <u>current</u>
to th	e epidemiology	• •	Id be <u>defined broadly</u> . For example, if your manuscript pertains eclare all relationships with manufacturers of antihypertensive ed in the manuscript.
	-	ort all support for the work re sclosure is the past 36 months	ported in this manuscript without time limit. For all other items .
		Name all entities wi	th Specifications/Comments
		whom you have this	
		relationship or indic	ate institution)
		none (add rows as	
		needed)	a initial planning of the coope
	All C		e initial planning of the work
1	All support for the		
	manuscript (e.g., f		
	provision or study		

		relationship or indicate none (add rows as needed)	institution)
		Time frame: Since the initia	l planning of the work
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	
	testimony		
7	Support for attending	None	
/	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	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

The author has no conflicts of interest to declare.		

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

Date	e:25		
	r Name: Wenlon		
Mar	nuscript Title: Prelimina	ry study on the diagnostic v	value of cardiac magnetic resonance feature tracking for
mal	ignant ventricular arrhythm	ias in non-ischemic dilated	cardiomyopathy
Mar	nuscript number (if known):		
rela part to ti	ted to the content of your n ties whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to t	•	nsion, you should declare a	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		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	
		needed)	
		Time frame: Since the initia	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: past	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	None	

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	None	
/	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	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

The author has no conflicts of interest to declare.		

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

Date	e:25 Jan 2022		
	Name: Jie Zeng		
mali		ias in non-ischemic dilated	value of cardiac magnetic resonance feature tracking for discrete cardiomyopathy
	,		
relat part to tr	ed to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins 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.
	following questions apply t uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to th	•	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #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	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	
		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.		
		Time frame: pas	t 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		

in item #1 above).

Royalties or licenses

Consulting fees

None

None

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
/	meetings and/or travel	None	
	g ,		
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	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Т	The author has no conflicts of interest to declare.

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

Date	e:25		
You	r Name: Yishuar	ng Wang	
Mar	nuscript Title: Prelimina	ry study on the diagnostic v	value of cardiac magnetic resonance feature tracking for
mal	ignant ventricular arrhythm	ias in non-ischemic dilated	cardiomyopathy
Mar	nuscript number (if known):		
rela part to to rela	ted to the content of your name ites whose interests may be ransparency and does not not itemship/activity/interest, itemship/activity/interes	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I t is preferable that you do	
	tollowing questions apply t nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to the	he epidemiology of hyperte dication, even if that medica	nsion, you should declare a stion is not mentioned in the port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  In this manuscript without time limit. For all other items,
		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	
		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.		
		Time frame: past	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	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	

The author has no conflicts of interest to declare.		

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

Date	e:25				
You	r Name: Bo Gong	·			
Mar	Manuscript Title: Preliminary study on the diagnostic value of cardiac magnetic resonance feature tracking for				
mali	gnant ventricular arrhythm	ias in non-ischemic dilated	cardiomyopathy		
Mar	nuscript number (if known):				
relate part to trelate man. The to the med. In it.	ted to the content of your name ies whose interests may be cansparency and does not not it in the interest, it is following questions apply the interest only.  author's relationships/active epidemiology of hyperterication, even if that medicatem #1 below, report all sup	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so to the author's relationship wities/interests should be dension, you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive		
the	time frame for disclosure is	the past 36 months.			
		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			
		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.				
	No time innit for this item.				
		Time frame: past	26 months		
2	Grants or contracts from	None	30 months		
_	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	None			

None

Consulting fees

5	Payment or honoraria for lectures, presentations,	None	
	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 agricument	Nana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
-			

The author has no conflicts of interest to declare.

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

Da	te:29 Jan 2022				
	ur Name: Andrea				
	Manuscript Title: Preliminary study on the diagnostic value of cardiac magnetic resonance feature tracking for				
	_		ed cardiomyopathy		
Ma	anuscript number (if known	):			
rel pa to rel	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest,	manuscript. "Related" me 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 lo so.  hips/activities/interests as they relate to the current		
to me	the epidemiology of hypertedication, even if that medication	ension, you should declar cation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items,		
CIT		s the past 50 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)		
		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.				
		<b>—</b> :	125		
)	Grants or contracts from	Time frame: pas	st 36 months		
۷.	any entity (if not indicated	None			
	in item #1 above).				
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	
Ü	testimony		
	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		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

The author has no conflicts of interest to declare.

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

Date	e:25		
	r Name: Hong P		
Mar	nuscript Title: Prelimina	ry study on the diagnostic v	value of cardiac magnetic resonance feature tracking for
mal	ignant ventricular arrhythm	ias in non-ischemic dilated	cardiomyopathy
Mar	nuscript number (if known):		
rela part to to rela The mar The to to	ted to the content of your name ties whose interests may be ransparency and does not not interest, in following questions apply the truscript only.	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I t is preferable that you do s o the author's relationship vities/interests should be <u>d</u> nsion, you should declare a	s/activities/interests as they relate to the <u>current</u> lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		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	
		needed)	
		Time frame: Since the initia	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: past	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	None	

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	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

7	The author has no conflicts of interest to declare.

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

Date	e:25 Jan 2022		
You	r Name:Yifeng Ba	ni	
Mar	nuscript Title: Preliminar	y study on the diagnostic	value of cardiac magnetic resonance feature tracking for
mali	ignant ventricular arrhythm	ias in non-ischemic dilated	d cardiomyopathy
Mar	nuscript number (if known):		
rela part to to	ted to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins 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.
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to the	ne epidemiology of hypertentication, even if that medication	nsion, you should declare tion is not mentioned in t port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other items,
		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	
		needed) Time frame: Since the initia	
4			in 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

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

any entity (if not indicated

None

None

None

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Constant for attending	Niere	
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		
44	group, paid or unpaid	N.	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	NOTIC	
	a.re.dr interests		

The author has no conflicts of interest to declare.		

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

Date:25 Jan	2022
	Shengkun Peng
malignant ventrici	Preliminary study on the diagnostic value of cardiac magnetic resonance feature tracking for ular arrhythmias in non-ischemic dilated cardiomyopathy
ivianuscript numb	er (if known):
	ransparency, we ask you to disclose all relationships/activities/interests listed below that are
	tent of your manuscript. "Related" means any relation with for-profit or not-for-profit third erests may be affected by the content of the manuscript. Disclosure represents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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 author's relationships/activities/interests should be <u>defined broadly</u>. 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)
		Time frame: Since the initial	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 mint for this item.		
		Time frame: past	26 months
2	Grants or contracts from	None	50 months
	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
3	Noyalties of licelises		
4	Consulting fees	None	
-			

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	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

The author has no conflicts of interest to declare.			

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