

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Vardhmaan

2. Surname (Last Name)
Jain

3. Date
13-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bo Xu

5. Manuscript Title

Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond

6. Manuscript Identifying Number (if you know it)

CDT-2019-HVD-09(CDT-20-461)

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Dr. Jain has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Raktim

2. Surname (Last Name)
Ghosh

3. Date
13-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bo Xu

5. Manuscript Title

Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond

6. Manuscript Identifying Number (if you know it)

CDT-2019-HVD-09(CDT-20-461)

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Dr. Ghosh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Manasvi	2. Surname (Last Name) Gupta	3. Date 13-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Xu
5. Manuscript Title Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond		
6. Manuscript Identifying Number (if you know it) CDT-2019-HVD-09(CDT-20-461)		

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Section 1. Identifying Information

1. Given Name (First Name) Yoshihito	2. Surname (Last Name) Saijo	3. Date 13-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Xu
5. Manuscript Title Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond		
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Section 1. Identifying Information

1. Given Name (First Name)
Medhat

2. Surname (Last Name)
Farwati

3. Date
13-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bo Xu

5. Manuscript Title
Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond

6. Manuscript Identifying Number (if you know it)
CDT-2019-HVD-09(CDT-20-461)

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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1. Given Name (First Name) Rachel	2. Surname (Last Name) Marcus	3. Date 13-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Xu
5. Manuscript Title Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond		
6. Manuscript Identifying Number (if you know it) CDT-2019-HVD-09(CDT-20-461)		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 1. Identifying Information

1. Given Name (First Name) Allan 2. Surname (Last Name) Klein 3. Date 13-June-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Bo Xu

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Swedish Orphan Biovitrum AB (Sobi)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allan Klein receives fees of \$5,000 or more per year as a paid consultant, speaker or member of an advisory committee for Sobi
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Klein reports personal fees from Swedish Orphan Biovitrum AB (Sobi).

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1. Given Name (First Name)
Bo

2. Surname (Last Name)
Xu

3. Date
13-June-2020

4. Are you the corresponding author? Yes No

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