

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tom Kai Ming

2. Surname (Last Name)
Wang

3. Date
08-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Zoran Popovic

5. Manuscript Title
Determining the thresholds for abnormal left ventricular strains in healthy subjects by echocardiography: a meta-analysis

6. Manuscript Identifying Number (if you know it)
CDT-20-711

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Heart Foundation of New Zealand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical and research fellowship grant
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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TKMW received a clinical and research fellowship grant from the National Heart Foundation of New Zealand (number 1775).

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Section 1. Identifying Information

1. Given Name (First Name) Milind	2. Surname (Last Name) Desai	3. Date 09-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zoran Popovic
5. Manuscript Title Determining the thresholds for abnormal left ventricular strains in healthy subjects by echocardiography: a meta-analysis		
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Dr. Desai has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Patrick	2. Surname (Last Name) Collier	3. Date 09-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zoran Popovic
5. Manuscript Title Determining the thresholds for abnormal left ventricular strains in healthy subjects by echocardiography: a meta-analysis		
6. Manuscript Identifying Number (if you know it) CDT-20-711		

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Dr. Collier has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Richard	2. Surname (Last Name) Grimm	3. Date 09-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zoran Popovic
5. Manuscript Title Determining the thresholds for abnormal left ventricular strains in healthy subjects by echocardiography: a meta-analysis		
6. Manuscript Identifying Number (if you know it) CDT-20-711		

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Dr. Grimm has nothing to disclose.

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1. Given Name (First Name) Brian	2. Surname (Last Name) Griffin	3. Date 09-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zoran Popovic
5. Manuscript Title Determining the thresholds for abnormal left ventricular strains in healthy subjects by echocardiography: a meta-analysis		
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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Zoran

2. Surname (Last Name)

Popovic

3. Date

08-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Determining the thresholds for abnormal left ventricular strains in healthy subjects by echocardiography: a meta-analysis

6. Manuscript Identifying Number (if you know it)

CDT-20-711

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Popovic has nothing to disclose.

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