

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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Section 1. Identifying Inform	ation		
1. Given Name (First Name) Lei	2. Surname (Last Name) Zhao	3. Date 05-December-2020	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Xiaohai Ma	
5. Manuscript Title Quantification of myocardial deformatio tracking imaging	on in patients with Fabry c	lisease by cardiovascular magnetic resonance feature	
6. Manuscript Identifying Number (if you kn CDT-20-897	ow it)	_	
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Do you have any patents, whether planr	ned, pending or issued, br	oadly relevant to the work? 🗌 Yes 🖌 No	

Zhao



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Dr. Zhao has nothing to disclose.

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1. Given Name (First Name) Jie	2. Surname (Last Name) Tian	3. Date 05-December-2020	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Xiaohai Ma	
5. Manuscript Title Quantification of myocardial deformation tracking imaging	on in patients with Fabry c	lisease by cardiovascular magnetic resonance feature	
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Tian



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4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Xiaohai Ma	
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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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Section 1. Identifying Inform	ation		
1. Given Name (First Name) Fang	2. Surname (Last Name) Fang	3. Date 05-December-2020	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Xiaohai Ma	
5. Manuscript Title Quantification of myocardial deformatio tracking imaging	on in patients with Fabry c	lisease by cardiovascular magnetic resonance feature	
6. Manuscript Identifying Number (if you kn CDT-20-897	ow it)	_	
Section 2. The Work Under Co	onsideration for Public	ation	
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 s	ubmitted work.	
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Dr. Fang has nothing to disclose.

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1. Given Name (First Name) Xiaohai	2. Surname (Last Name) Ma	3. Date 05-December-2020	
4. Are you the corresponding autho	r? ✓ Yes ─ No		
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Do you have any patents, whethe	er planned, pending or issued, broadly rele	evant to the work? Yes 🖌 No	



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patent

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1. Given Name (First Name) Joseph	2. Surname (Last Name) Selvanayagam	3. Date 05-December-2020	
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Dr. Selvanayagam has nothing to disclose.

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