## ICMJE DISCLOSURE FORM

Date: Mar. 2<sup>th</sup>, 2021

Your Name: Sanjana Sreenath

Manuscript Title: Two Views of the Heart Manuscript number (if known): CDT-21-125

In the interest of transparency, 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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	XNone				
Time frame: past 36 months						
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	X_None				
4	Consulting fees	XNone				

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert testimony	XNone			
_					
7	Support for attending	XNone			
	meetings and/or travel				
_					
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
4.4					
11	Stock or stock options	XNone			
40		V N			
12	Receipt of equipment,	X_None			
	materials, drugs, medical writing, gifts or other services				
13	Other financial or non-	XNone			
	financial interests				
Pla	Please summarize the above conflict of interest in the following box:				
, ,,					
	None.				

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

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.