

ICMJE DISCLOSURE FORM

Date: Jul. 20th, 2021

Your Name: Wei Gu

Manuscript Title: Echocardiographic Changes in Elderly Patients with Heart Failure with Reduced Ejection Fraction after Sacubitril-Valsartan Treatment

Manuscript number (if known): CDT-21-355

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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

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		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None 	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None 	
3	Royalties or licenses	<input type="checkbox"/> None 	
4	Consulting fees	<input type="checkbox"/> None 	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

Please summarize the above conflict of interest in the following box:

Wei Gu has nothing to disclose.

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.

ICMJE DISCLOSURE FORM

Date: Jul. 20th, 2021

Your Name: Chuangye Xu

Manuscript Title: Echocardiographic Changes in Elderly Patients with Heart Failure with Reduced Ejection Fraction after Sacubitril-Valsartan Treatment

Manuscript number (if known): CDT-21-355

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4	Consulting fees	___ None	

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

Please summarize the above conflict of interest in the following box:

Chuangye Xu has nothing to disclose.

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.

ICMJE DISCLOSURE FORM

Date: Jul. 20th, 2021

Your Name: Zhao Li

Manuscript Title: Echocardiographic Changes in Elderly Patients with Heart Failure with Reduced Ejection Fraction after Sacubitril-Valsartan Treatment

Manuscript number (if known): CDT-21-355

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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	

Please summarize the above conflict of interest in the following box:

Zhao Li has nothing to disclose.

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.

ICMJE DISCLOSURE FORM

Date: Jul. 20th, 2021

Your Name: Zhi-zhong Li

Manuscript Title: Echocardiographic Changes in Elderly Patients with Heart Failure with Reduced Ejection Fraction after Sacubitril-Valsartan Treatment

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13	Other financial or non-financial interests	__ None	

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Zhi-zhong Li has nothing to disclose.

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