Date:2	2021.12.	<u>12</u>
Your Name	e:J	ing-xin Wang
Manuscrip	t Title:_	Comparison of cardiovascular magnetic resonance features and clinical consequences in patients with
left ventric	ular non	-compaction with and without mitral regurgitation
Manuscrip	t numbe	r (if known):

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.

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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)
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.	None None	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	-		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	Name	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	naterials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:

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

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

Date:	2021.12	<u>.12</u>
Your Nam	ne:	Xiao Li_
Manuscri	pt Title:_	Comparison of cardiovascular magnetic resonance features and clinical consequences in patients
with left v	ventricul	ar non-compaction with and without mitral regurgitation
Manuscri	pt numb	er (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:	2021.12	<u>.12</u>
Your Na	me:	Rong Xu
Manusci	ript Title:_	Comparison of cardiovascular magnetic resonance features and clinical consequences in patients
with left	ventricul	ar non-compaction with and without mitral regurgitation
Manusci	ript numb	er (if known):

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
0	Dautinium tinum are a Data	News	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	INOTIE	
	writing, gifts or other		+
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	ollowing box:
	None		

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

Date:	<u>2021.12</u>	<u>12</u>
Your Na	me:	Rui-lai Hou
Manusc	ript Title:_	Comparison of cardiovascular magnetic resonance features and clinical consequences in patients
with left	t ventricul	ar non-compaction with and without mitral regurgitation
Manusc	ript numb	er (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:	<u>2021.12</u>	<u>.12</u>
Your Na	me:	Zhi-gang Yang
Manusci	ript Title:_	Comparison of cardiovascular magnetic resonance features and clinical consequences in patients
with left	t ventricul	ar non-compaction with and without mitral regurgitation
Manusci	ript numb	er (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
0	pending	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10		Nina	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	Niero	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
42	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
	None		

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

Date:	2021.12	<u>12</u>
Your Nam	ne:	Zi-qi Zhou
Manuscri	pt Title:_	Comparison of cardiovascular magnetic resonance features and clinical consequences in patients
with left v	ventricula	r non-compaction with and without mitral regurgitation
Manuscri	pt numbe	er (if known):

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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

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

Date:_	2021.	<u>12.12</u>
Your N	lame:	Yi-ning Wang
Manus	script Title	e:_ Comparison of cardiovascular magnetic resonance features and clinical consequences in patients
with le	eft ventric	ular non-compaction with and without mitral regurgitation
Manus	script num	nber (if known):

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	No time limit for this item.		
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

no conflicts of interest to declare		

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Date: <u>2021.12</u>	<u>2.12</u>			
Your Name:	Ying-kun Guo			
Manuscript Title:	Comparison of cardiovascular magnetic resonance features and clinical consequences in patients			
with left ventricular non-compaction with and without mitral regurgitation				
Manuscript numb	er (if known):			

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6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
0	Detects planned issued an	Nama	
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
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	services		
13	Other financial or non-	None	
	financial interests		
			•

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