

ICMJE DISCLOSURE FORM

Date: June 30th, 2022

Your Name: Lina Zhu

Manuscript Title: The value of cardiac magnetic resonance feature tracking technology in differential diagnosis of isolated left ventricular noncompaction and dilated cardiomyopathy

Manuscript number (if known): _QIMS-22-710_____

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)
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.	Shanxi Provincial Health Commission (No. 2020038).	
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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:

This work was supported by the Shanxi Provincial Health Commission [grant number: 2020038].

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: June 30th, 2022

Your Name: Jiang Wu

Manuscript Title: The value of cardiac magnetic resonance feature tracking technology in differential diagnosis of isolated left ventricular noncompaction and dilated cardiomyopathy

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Date: June 30th, 2022

Your Name: Xiaoyong Hao

Manuscript Title: The value of cardiac magnetic resonance feature tracking technology in differential diagnosis of isolated left ventricular noncompaction and dilated cardiomyopathy

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Date: June 30th, 2022

Your Name: Xuan Li

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