

# ICMJE DISCLOSURE FORM

Date: Dec 10<sup>th</sup>, 2022

Your Name: Qian Liu

Manuscript Title: Evaluation of Left Ventricular Myocardial Work in Patients with Hyperthyroidism with Different Heart Rates by Non-invasive Pressure-strain Loop Based on Two-dimensional Speck Tracking Imaging

Manuscript number (if known): QIMS-22-534

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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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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>		
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<b>Time frame: past 36 months</b>		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None
3	Royalties or licenses	<input checked="" type="checkbox"/> None
4	Consulting fees	<input checked="" type="checkbox"/> None

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

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

None.   <div style="text-align: right;"><i>Qian Lin</i></div>
--

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: Dec 10<sup>th</sup>, 2022

Your Name: Lixin Chen

Manuscript Title: Evaluation of Left Ventricular Myocardial Work in Patients with Hyperthyroidism with Different Heart Rates by Non-invasive Pressure-strain Loop Based on Two-dimensional Speck Tracking Imaging

Manuscript number (if known): QIMS-22-534

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None.

*Lixin Chen*

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# ICMJE DISCLOSURE FORM

Date: Dec 10<sup>th</sup>, 2022

Your Name: Xiaohua Liu

Manuscript Title: Evaluation of Left Ventricular Myocardial Work in Patients with Hyperthyroidism with Different Heart Rates by Non-invasive Pressure-strain Loop Based on Two-dimensional Speck Tracking Imaging

Manuscript number (if known): QIMS-22-534

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

None.   <div style="text-align: right;"><i>Xiaohua Liu</i></div>
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# ICMJE DISCLOSURE FORM

Date: Dec 10<sup>th</sup>, 2022

Your Name: Guijuan Peng

Manuscript Title: Evaluation of Left Ventricular Myocardial Work in Patients with Hyperthyroidism with Different Heart Rates by Non-invasive Pressure-strain Loop Based on Two-dimensional Speck Tracking Imaging

Manuscript number (if known): QIMS-22-534

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

None.

Grijnan Peay

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# ICMJE DISCLOSURE FORM

Date: Dec 10<sup>th</sup>, 2022

Your Name: Xiaofang Zhong

Manuscript Title: Evaluation of Left Ventricular Myocardial Work in Patients with Hyperthyroidism with Different Heart Rates by Non-invasive Pressure-strain Loop Based on Two-dimensional Speck Tracking Imaging

Manuscript number (if known): QIMS-22-534

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

None.   <div style="text-align: right;">Xiaofang-Zhang</div>
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# ICMJE DISCLOSURE FORM

Date: Dec 10<sup>th</sup>, 2022

Your Name: Yuanyuan Sheng

Manuscript Title: Evaluation of Left Ventricular Myocardial Work in Patients with Hyperthyroidism with Different Heart Rates by Non-invasive Pressure-strain Loop Based on Two-dimensional Speck Tracking Imaging

Manuscript number (if known): QIMS-22-534

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.   <div style="text-align: right;">Yuanquan Sheng</div>
---

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# ICMJE DISCLOSURE FORM

Date: Dec 10<sup>th</sup>, 2022

Your Name: Shuyu Luo

Manuscript Title: Evaluation of Left Ventricular Myocardial Work in Patients with Hyperthyroidism with Different Heart Rates by Non-invasive Pressure-strain Loop Based on Two-dimensional Speck Tracking Imaging

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*Shuyu Luo*

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# ICMJE DISCLOSURE FORM

Date: Dec 10<sup>th</sup>, 2022

Your Name: Yuxiang Huang

Manuscript Title: Evaluation of Left Ventricular Myocardial Work in Patients with Hyperthyroidism with Different Heart Rates by Non-invasive Pressure-strain Loop Based on Two-dimensional Speck Tracking Imaging

Manuscript number (if known): QIMS-22-534

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None.
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Yuxiang Huang

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# ICMJE DISCLOSURE FORM

Date: Dec 10<sup>th</sup>, 2022

Your Name: Jinfeng Xu

Manuscript Title: Evaluation of Left Ventricular Myocardial Work in Patients with Hyperthyroidism with Different Heart Rates by Non-invasive Pressure-strain Loop Based on Two-dimensional Speck Tracking Imaging

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# ICMJE DISCLOSURE FORM

Date: Dec 10<sup>th</sup>, 2022

Your Name: Yingying Liu

Manuscript Title: Evaluation of Left Ventricular Myocardial Work in Patients with Hyperthyroidism with Different Heart Rates by Non-invasive Pressure-strain Loop Based on Two-dimensional Speck Tracking Imaging

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3	Royalties or licenses	<input checked="" type="checkbox"/> None
4	Consulting fees	<input checked="" type="checkbox"/> None

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

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

None.   <div style="text-align: right;"><i>Yingying Liu</i></div>
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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.