

## ICMJE DISCLOSURE FORM

Date: Feb. 9<sup>th</sup>, 2023

Your Name: Menghuan Li

Manuscript Title: Role of the angiography-derived index of microvascular resistance in the prognosis of patients with dilated cardiomyopathy

Manuscript number (if known):

QIMS 22-1060

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.

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> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>__X__</u> None  |   |
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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).   | <u>__X__</u> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>__X__</u> None  |   |
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| 4  | Consulting fees  | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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|    |  |   |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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**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.**

## ICMJE DISCLOSURE FORM

Date: Feb. 9<sup>th</sup>, 2023

Your Name: Hu Su

Manuscript Title: Role of the angiography-derived index of microvascular resistance in the prognosis of patients with dilated cardiomyopathy

Manuscript number (if known):

QIMS 22-1060 \_\_\_\_\_

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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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**Please summarize the above conflict of interest in the following box:**

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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.

## ICMJE DISCLOSURE FORM

Date: Feb. 9<sup>th</sup>, 2023

Your Name: Zhi Zuo

Manuscript Title: Role of the angiography-derived index of microvascular resistance in the prognosis of patients with dilated cardiomyopathy

Manuscript number (if known):

QIMS 22-1060

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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | This work was supported  |   |
|   |  | by the Nanjing Science   |   |
|   |  | and Technology Innovation  |   |
|   |  | Projects for Overseas Graduates and the National   |   |
|   |  | Science Fund for Distinguished Young Scholars (grant number 8220021578)                      |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |
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| 3   | Royalties or licenses  | <u> X </u> None  |   |

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

This work was supported by the Nanjing Science and Technology Innovation Projects for Overseas Graduates and the National Science Fund for Distinguished Young Scholars (grant number 8220021578)

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

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: Feb. 9<sup>th</sup>, 2023

Your Name: Zhiyong Zhang

Manuscript Title: Role of the angiography-derived index of microvascular resistance in the prognosis of patients with dilated cardiomyopathy

Manuscript number (if known):

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|   |  | Supported by the General   |   |
|   |  | Scientific Research Project  |   |
|   |  | of Jiangsu Provincial Health   |   |
|   |  | Commission.<br>(NO.M2020083)   |   |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |

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This work was Supported by the General Scientific Research Project of Jiangsu Provincial Health Commission(N0.M2020083).

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## ICMJE DISCLOSURE FORM

Date: Feb. 9<sup>th</sup>, 2023

Your Name: Mengna Li

Manuscript Title: Role of the angiography-derived index of microvascular resistance in the prognosis of patients with dilated cardiomyopathy

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Date: Feb. 9<sup>th</sup>, 2023

Your Name: Fen Su

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

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## ICMJE DISCLOSURE FORM

Date: Feb. 9<sup>th</sup>, 2023

Your Name: Wenming Yao

Manuscript Title: Role of the angiography-derived index of microvascular resistance in the prognosis of patients with dilated cardiomyopathy

Manuscript number (if known):

QIMS 22-1060

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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).   | <u>  X  </u> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>  X  </u> None  |   |
|   |  |  |   |
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|----|--|---|--|
| 4  | Consulting fees  | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 11 | Stock or stock options   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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**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.

## ICMJE DISCLOSURE FORM

Date: Feb. 9<sup>th</sup>, 2023

Your Name: Yuan He

Manuscript Title: Role of the angiography-derived index of microvascular resistance in the prognosis of patients with dilated cardiomyopathy

Manuscript number (if known):

QIMS 22-1060

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.

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> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>  X  </u> None  |   |
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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).   | <u>  X  </u> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>  X  </u> None  |   |
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| 4  | Consulting fees  | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 11 | Stock or stock options   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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**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.

## ICMJE DISCLOSURE FORM

Date: Feb. 9<sup>th</sup>, 2023

Your Name: Xiangqing Kong

Manuscript Title: Role of the angiography-derived index of microvascular resistance in the prognosis of patients with dilated cardiomyopathy

Manuscript number (if known):

QIMS 22-1060

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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|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | This work was  |   |
|   |  | supported by the   |   |
|   |  | Science Foundation of  |   |
|   |  | Gusu School (grant   |   |
|   |  | number GSKY20220-  |   |
|   |  | 102)   |   |
| <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   |   |
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| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |
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**Please summarize the above conflict of interest in the following box:**

This work was supported by the Science Foundation of Gusu School (grant number GSKY20220102).

**Please place an “X” next to the following statement to indicate your agreement:**

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: Feb. 9<sup>th</sup>, 2023

Your Name: Hui Wang

Manuscript Title: Role of the angiography-derived index of microvascular resistance in the prognosis of patients with dilated cardiomyopathy

Manuscript number (if known):

QIMS 22-1060

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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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | This work was supported by the   |   |
|   |  | Natural Science Foundation of Jiangsu Province (grant number BK2012648)                      |   |
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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   |   |
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|    |  |  |  |
| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |
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Please summarize the above conflict of interest in the following box:

This work was supported by the Natural Science Foundation of Jiangsu Province (grant number BK2012648).

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