

ICMJE DISCLOSURE FORM

Date: September 22, 2022 _____

Your Name: _____ Jinyang wen _____

Manuscript Title: _____ Identification of Heart Failure with Preserved Ejection Fraction in Hypertensive Patients: A Left Atrial Myocardial Strain CMR Study _____

Manuscript number (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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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:

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Date: September 22, 2022 _____

Your Name: _____ Xin Zhang _____

Manuscript Title: _____ Identification of Heart Failure with Preserved Ejection Fraction in Hypertensive Patients: A Left Atrial Myocardial Strain CMR Study _____

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Date: September 22, 2022 _____

Your Name: _____ Shuhao Li _____

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Date: September 22, 2022 _____

Your Name: _____ Xinwei Tao _____

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 Your Name: _____ Lianggeng Gong _____
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