Date:		2/24/2023		
Your Name:		Yongzhen Fan		
Manuscript Title:			ry Resistance (AccuIMR) for the Assessment of ry Syndromes and Chronic Coronary Syndromes	
Manuscript Number	(if known):	QIMS-22-961		
content of your many affected by the content indicate a bias. If you the author's relation epidemiology of hype	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 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.			ithout time limit. For all other items, the time	
		Il entities with whom you have this ship 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	
All support for the present manuscript (e.g., funding, provision of study material medical writing, article processing charges, etc.)  No time limit for this item.	n s,	one	Click the tab key to add additional rows.	
		Time frame: past 36 month	s	
2 Grants or contracts from any entity (if no		lone		

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indicated in item #1 above).

**⊠** None

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3

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

		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)	
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		
Plea	se summarize the a	bove conflict of interest in the following box:		
Non	None.			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
[oxtimes]	[⊠]         I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			2/24/2023		
Your Name:			Chenguang Li		
Manuscript Title:			[Angiography-Based Index of Microcirculatory Resistance (AccuIMR) for the Assessment of Microvascular Dysfunction in Acute Coronary Syndromes and Chronic Coronary Syndromes		
Ma	nuscript Number (if kı	nown):	QIMS-22-961		
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epi	•	nsion, you	The state of the s	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report a me for disclosure is the		·	rithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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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.	[⊠] No	one	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Chinese 2017-Co	Time frame: past 36 month one e Cardiovascular Association-V.G Fund (No. CA-VG-006) ofit Central Research Institute Fund of e Academy of Medical Sciences (No. 2020-		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	Chinese 2017-Ci Non-pr Chinese JKCS-00	Time frame: past 36 month one e Cardiovascular Association-V.G Fund (No. CA-VG-006) ofit Central Research Institute Fund of e Academy of Medical Sciences (No. 2020-		

		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)
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	

		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)
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	
Plea	se summarize the a	bove conflict of interest in the following box:	
	The author receives grants from the Chinese Cardiovascular Association-V.G. Fund (No. 2017-CCA-VG-006), and the Non-profit Central Research Institute Fund of Chinese Academy of Medical Sciences (No. 2020-JKCS-003).		
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	nt:

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

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Date:	2/24/2023		
Your Name:	Yumeng Hu ]		
Manuscript Title:	Angiography-Based Index of Microcirculatory Resistance (AccuIMR) for the Assessment of Microvascular Dysfunction in Acute Coronary Syndromes and Chronic Coronary Syndromes		
Manuscript Number (if known):	QIMS-22-961		
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 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			

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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  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None □	

		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)
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	

		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)
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  Employee of ArteryFlow.	
Plea	se summarize the a	bove conflict of interest in the following box:	
The author is an employee of ArteryFlow.			
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	ent:
[oxtimes]	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

Date:	2/24/2023
Your Name:	[Xiaorong Hu ]
Manuscript Title:	[Angiography-Based Index of Microcirculatory Resistance (AccuIMR) for the Assessment of Microvascular Dysfunction in Acute Coronary Syndromes and Chronic Coronary Syndromes
Manuscript Number (if known):	QIMS-22-961
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2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses	N N	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

		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)	
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		
Plea	se summarize the a	bove conflict of interest in the following box:		
Non	None.			
Please place an "X" next to the following statement to indicate your agreement:				
[oxtimes]	[⊠]         I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

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Date:	2/24/2023
Your Name:	Shuang Wang
Manuscript Title:	[Angiography-Based Index of Microcirculatory Resistance (AccuIMR) for the Assessment of Microvascular Dysfunction in Acute Coronary Syndromes and Chronic Coronary Syndromes
Manuscript Number (if known):	QIMS-22-961
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		Time frame: past 36 month:	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None     Non	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

		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)	
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		
Plea	se summarize the a	bove conflict of interest in the following box:		
Non	None.			
Please place an "X" next to the following statement to indicate your agreement:				
[oxtimes]	[⊠]         I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/24/2023	
Your Name:	[Jingsong He ]	
Manuscript Title:	Angiography-Based Index of Microcirculatory Resistance (AcculMR) for the Assessment of Microvascular Dysfunction in Acute Coronary Syndromes and Chronic Coronary Syndromes	
Manuscript Number (if known):	QIMS-22-961	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None		
3	Royalties or licenses	None     Non		

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

		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)	
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   Employee of ArteryFlow.		
Plea	se summarize the a	bove conflict of interest in the following box:		
The	The author is an employee of ArteryFlow.			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

	ICIVIJE DISCLOSURE FOI	ZIVI	
Date:	2/24/2023		
Your Name:	Xiaochang Leng		
Manuscript Title:		[Angiography-Based Index of Microcirculatory Resistance (AccuIMR) for the Assessment of Microvascular Dysfunction in Acute Coronary Syndromes and Chronic Coronary Syndromes	
Manuscript Number (if knowr	n): QIMS-22-961		
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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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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	
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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)		
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	Cofounder of ArteryFlow.			
Plea	Please summarize the above conflict of interest in the following box:				
The author is a cofounder of ArteryFlow.					
Please place an "X" next to the following statement to indicate your agreement:					
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

ICIVIJE DISCLOSURE FORIVI			
Date:	2/24/2023		
Your Name:	lianping Xiang		
Manuscript Title:		ry Resistance (AccuIMR) for the Assessment of ry Syndromes and Chronic Coronary Syndromes	
Manuscript Number (if known): QIMS-22-961			
content of your manuscrip affected by the content of indicate a bias. If you are i The author's relationships, epidemiology of hypertens that medication is not mer	I support for the work reported in this manuscript w	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
N	lame all entities with whom you have this	Specifications/Comments (e.g., if payments were	

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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	[⊠] None   Time frame: past 36 month   [⊠] None	Click the tab key to add additional rows.
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3	Royalties or licenses	None None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

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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	CEO of ArteryFlow.		
Please summarize the above conflict of interest in the following box:				
The author is the CEO of ArteryFlow.				
Please place an "X" next to the following statement to indicate your agreement:				
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			2/24/2023		
Your Name:			Zhibing Lu		
Manuscript Title:			[Angiography-Based Index of Microcirculatory Resistance (AccuIMR) for the Assessment of Microvascular Dysfunction in Acute Coronary Syndromes and Chronic Coronary Syndromes		
Mai	nuscript Number (if k	nown):	QIMS-22-961		
content of your manuscript. "Rela affected by the content of the man			ated" means any relation with for-profit or n	es/interests listed below that are related to the ot-for-profit third parties whose interests may be ent to transparency and does not necessarily //interest, it is preferable that you do so.	
<del>-</del>			es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Grant f of Chin			

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6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
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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:				
The author receives grants from the National Natural Science Foundation of China (No. 82070425), the Natural Science Foundation of Hubei Province of China (No. 2021CFA011).				
Please place an "X" next to the following statement to indicate your agreement:				
[oxtimes]	□ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

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