

ICMJE DISCLOSURE FORM

Date: 2/24/2023

Your Name: [Yongzhen Fan]

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): QJMS-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 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)						
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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	
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:			
<input checked="" type="checkbox"/> 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: 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]

Manuscript Number (if known): QJMS-22-961

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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:

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).

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: 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): QJMS-22-961

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Employee of ArteryFlow.	

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

The author is an employee of ArteryFlow.

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.

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Date: 2/24/2023

Your Name: Xiaorong Hu

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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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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	<input checked="" type="checkbox"/> None	
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	

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:

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: 2/24/2023

Your Name: [Jingsong He]

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 frame for disclosure is the past 36 months.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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 type="checkbox"/> None	
		Employee of ArteryFlow.	

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

The author is an employee of ArteryFlow.

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: 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 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.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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 type="checkbox"/> None	
		Cofounder of ArteryFlow.	

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:

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: 2/24/2023

Your Name: [Jianping Xiang]

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): QJMS-22-961

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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 type="checkbox"/> None	
		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:

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: 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

Manuscript Number (if known): QJMS-22-961

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 60px; margin-top: 5px;"> <tr><td style="width: 60%;">Grant from National Natural Science Foundation of China (No. 82070425)</td><td style="width: 40%;"></td></tr> <tr><td>Grant from Natural Science Foundation of Hubei Province of China (No. 2021CFA011)</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Grant from National Natural Science Foundation of China (No. 82070425)		Grant from Natural Science Foundation of Hubei Province of China (No. 2021CFA011)			
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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"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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).

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