Date: March. 15, 2023_
Your Name: Qing Li
Manuscript Title: _ Impaired Cardiac Pump Function Assessment by Normalized Cardiac Power using CMR in Patients
with Hypertrophic Cardiomyopathy
Manuscript number (if known):_ QIMS-22-1119-R1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
	T	Time trainer since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

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

Pate: March. 15, 2023_
our Name: Xuelian Gao
Manuscript Title: _ Impaired Cardiac Pump Function Assessment by Normalized Cardiac Power using CMR in Patient
vith Hypertrophic Cardiomyopathy
Nanuscript number (if known):_ QIMS-22-1119-R1

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

The author has no conflict of interest	to disclosure.	

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

Date: March. 15, 2023_	
Your Name: Zhen Zhou	
Manuscript Title: _ Impaired Cardiac Pump Function Assessment by Normalized Cardiac Power using CMR in Pa	atients
with Hypertrophic Cardiomyopathy	
Manuscript number (if known):_ QIMS-22-1119-R1	

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	X_None	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
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12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

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

Date: March. 15, 2023_
Your Name: Hongkai Zhang
Manuscript Title: _ Impaired Cardiac Pump Function Assessment by Normalized Cardiac Power using CMR in Patients
with Hypertrophic Cardiomyopathy
Manuscript number (if known):_ QIMS-22-1119-R1

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		Time frame: past	36 months
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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

The author has no conflict of interest	to disclosure.	

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

Date: March. 15, 2023_
Your Name: Wenjie Li
Manuscript Title: $\_$ Impaired Cardiac Pump Function Assessment by Normalized Cardiac Power using CMR in Patients
with Hypertrophic Cardiomyopathy
Manuscript number (if known):_ QIMS-22-1119-R1

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	No time limit for this item.		
		Time frame: past	36 months
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	any entity (if not indicated	_	
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
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6	Payment for expert	X_None	
	testimony		
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	ор по		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

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

Date: March. 15, 2023_
Your Name: Yifeng Gao
Manuscript Title: _ Impaired Cardiac Pump Function Assessment by Normalized Cardiac Power using CMR in Patients
with Hypertrophic Cardiomyopathy
Manuscript number (if known):_ QIMS-22-1119-R1
<u> </u>

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
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6	Payment for expert	X_None	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	ор по		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

The author has no conflict of interest	to disclosure.	

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

Date: March. 15, 2023_
Your Name: Kairui Bo
Manuscript Title: _ Impaired Cardiac Pump Function Assessment by Normalized Cardiac Power using CMR in Patient
with Hypertrophic Cardiomyopathy
Manuscript number (if known):_ QIMS-22-1119-R1

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
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6	Payment for expert	X_None	
	testimony		
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	ор по		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

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

Date: March. 15, 2023_
Your Name: Hui Wang
Manuscript Title: _ Impaired Cardiac Pump Function Assessment by Normalized Cardiac Power using CMR in Patients
with Hypertrophic Cardiomyopathy
Manuscript number (if known):_ QIMS-22-1119-R1

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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	XNone	
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12	Receipt of equipment,	X None	
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13	Other financial or non-	X_None	
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Date: March. 15, 2023_
Your Name: Rui Wang
Manuscript Title: _ Impaired Cardiac Pump Function Assessment by Normalized Cardiac Power using CMR in Patient
with Hypertrophic Cardiomyopathy
Manuscript number (if known):_ QIMS-22-1119-R1

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8	Patents planned, issued or	XNone	
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	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

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12	Receipt of equipment, materials, drugs, medical	X None	
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13	Other financial or non-	X_None	
	financial interests		

The author has no conflict of interes	to disclosure.	

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

Date: March. 15, 2023_
Your Name: Lei Xu
Manuscript Title: $\_$ Impaired Cardiac Pump Function Assessment by Normalized Cardiac Power using CMR in Patients
with Hypertrophic Cardiomyopathy
Manuscript number (if known):_ QIMS-22-1119-R1

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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12	Receipt of equipment, materials, drugs, medical	X None	
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