ICMJE DISCLOSURE FORM

Date:	Jun. 1 st , 2023
Your Name:	_Chengjun Xia
Manuscript Title:	Multimodal evaluation of arrhythmogenic right ventricular cardiomyopathy with thrombus: A case
description	
Manuscript numb	per (if known):QIMS-22-1358-R2

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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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
T	Payment for expert	XNone	
	testimony		
	Support for attending	XNone	
	meetings and/or travel		
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	Patents planned, issued or	XNone	
	pending		
\dashv	Participation on a Data	X None	
	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
)	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
-	Stock or stock options	XNone	
4	D : 1 C : 1	V N	
	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
3	Other financial or non-	X None	
	financial interests		
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form.

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Date:Jun. 1 st , 2023
Your Name:Jing Xu
Manuscript Title:Multimodal evaluation of arrhythmogenic right ventricular cardiomyopathy with thrombus: A case
description
Manuscript number (if known):QIMS-22-1358-R2

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		needed)	
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		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
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	processing charges, etc.)		
	No time limit for this item.		
	No time inint 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			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	XNone			
	meetings and/or travel				
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	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
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	services				
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	financial interests				
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PIE	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:Jun. 1 st , 2023	
Your Name:Hui Xu	
Manuscript Title: Multimodal evaluation of arrhythmogenic right ventricular cardiomyopathy with thrombus: A ca	ıse
description	
Manuscript number (if known):_QIMS-22-1358-R2	

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	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
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