

## ICMJE DISCLOSURE FORM

Date: Jun. 19<sup>th</sup>, 2023

Your Name: Bo Kong

Manuscript Title: Prognosis value of EAS index in patients with obstructive coronary artery disease

Manuscript number (if known): QIMS-23-109

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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## ICMJE DISCLOSURE FORM

Date: Jun. 19<sup>th</sup>, 2023

Your Name: Lemei Hu

Manuscript Title: Prognosis value of EAS index in patients with obstructive coronary artery disease

Manuscript number (if known): QIMS-23-109

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## ICMJE DISCLOSURE FORM

Date: Jun. 19<sup>th</sup>, 2023

Your Name: Quanjun Liu

Manuscript Title: Prognosis value of EAS index in patients with obstructive coronary artery disease

Manuscript number (if known): QIMS-23-109

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## ICMJE DISCLOSURE FORM

Date: Jun. 19<sup>th</sup>, 2023

Your Name: Cheng Jiang

Manuscript Title: Prognosis value of EAS index in patients with obstructive coronary artery disease

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## ICMJE DISCLOSURE FORM

Date: Jun. 19<sup>th</sup>, 2023

Your Name: Yuting Liu

Manuscript Title: Prognosis value of EAS index in patients with obstructive coronary artery disease

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## ICMJE DISCLOSURE FORM

Date: Jun. 19<sup>th</sup>, 2023

Your Name: Anbang Liu

Manuscript Title: Prognosis value of EAS index in patients with obstructive coronary artery disease

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Date: Jun. 19<sup>th</sup>, 2023

Your Name: Haochen Wang

Manuscript Title: Prognosis value of EAS index in patients with obstructive coronary artery disease

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## ICMJE DISCLOSURE FORM

Date: Jun. 19<sup>th</sup>, 2023

Your Name: Bingqing Bai

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Date: Jun. 19<sup>th</sup>, 2023

Your Name: Lan Guo

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## ICMJE DISCLOSURE FORM

Date: Jun. 19<sup>th</sup>, 2023

Your Name: Huan Ma

Manuscript Title: Prognosis value of EAS index in patients with obstructive coronary artery disease

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
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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: Jun. 19<sup>th</sup>, 2023

Your Name: Qingshan Geng

Manuscript Title: Prognosis value of EAS index in patients with obstructive coronary artery disease

Manuscript number (if known): QIMS-23-109

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__X__ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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