Date:	7/4/2023
Your Name:	Huihui Kong Huihui Kong
Manuscript Title:	Evaluation of left ventricular diastolic function in patients with coronary microvascular dysfunction (CMD) by cardiovascular magnetic resonance feature-tracking (CMR-FT)
Manuscript Number (if known):	QIMS-23-47

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.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	1 (0)
	Time frame: Since the initial plann	ing of the work
 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. 	Click the tab key to add additional rows	

	Time frame: past 36 months	
2	Grants or	None
	contracts from	/
	any entity (if not indicated in item	
	#1 above).	
	#1 above).	
3	Royalties or	□ None
Ĩ	licenses	
		Π
4	Consulting fees	None
5	Payment or	None
-	honoraria for	
	lectures,	Π
	presentations,	
	speakers	
	bureaus, manuscript	
	writing or	
	educational	
	events	
6	Payment for	None
	expert testimony	
		\square
7	Support for	None
	attending	
	meetings and/or	
	travel	
8	Patents planned,	None
1	issued or	/*
1	l	

1	pending	
9	Participation on	None
,	a Data Safety	Anone
	Monitoring	
	Board or	
	Advisory Board	
10	Leadership or	None
	fiduciary role in	
	other board,	
	society,	
	committee or	
	advocacy group,	
	paid or unpaid	
	Stock or stock	None
	options	
	1	m
10	Descinter	
12	Receipt of	X None
	equipment,	\sim
	materials, drugs,	
	medical writing,	
	gifts or other	
	services	
13	Other financial	None
15	or non-financial	
	interests	
	Interests	
		\square
		\square
Pl	ease place an "X"	' next to the following statement to indicate your agreement:
		e answered every question and have not altered the wording of any of the questions on
	this form.	and the second second and have not allered the wording of any of the questions on
X	uns torni.	

Date:	7/4/2023
Your Name:	Jiaxin Cao Jiaxin Ca
Manuscript Title:	Evaluation of left ventricular diastolic function in patients with coronary microvascular dysfunction (CMD) by cardiovascular magnetic resonance feature-tracking (CMR-FT)
Manuscript Number (if known):	QIMS-23-47

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	
		Time frame: Since the initial planni	ing of the work
funding provisic study m	ent ript (e.g., 5, on of haterials, l writing, ing , etc.) e limit	Click the tab key to add additional rows.	

	Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone
3	Royalties or licenses	X ^{None}
	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X ^{None}
	Payment for expert testimony	X ^{None}
	attending meetings and/or travel	None
8	Patents planned, issued or	XNone

1	pending	
9	Participation on	None
	a Data Safety	
	Monitoring	Π
	Board or	
	Advisory Board	\square
10	Leadership or	XNone
	fiduciary role in	
	other board,	П
	society,	
	committee or	
	advocacy group,	
	paid or unpaid	
	Stock or stock	None
	options	Kitone
	options	m
12	Receipt of	None
	equipment,	
	materials, drugs,	П
	medical writing,	
	gifts or other	
	services	
13	Other financial	None
	or non-financial	
	interests	Π
Ple	ease place an "X"	' next to the following statement to indicate your agreement:
		e answered every question and have not altered the wording of any of the questions on
M	this form.	
\nearrow		

Date:	7/4/2023
Your Name:	Jinfan Tian Jinfan Tian
Manuscript Title:	Evaluation of left ventricular diastolic function in patients with coronary microvascular dysfunction (CMD) by cardiovascular magnetic resonance feature-tracking (CMR-FT)
Manuscript Number (if known):	QIMS-23-47

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.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	
	Time frame: Since the initial plann	ing of the work
 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. 	Click the tab key to add additional rows.	

	Time frame: past 36 months	
2	Grants or contracts from any entity (if not	ine
	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	
	Payment for expert testimony	X ^{None}
	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	None

1	pending	
9	Participation on	XNone
9		None
	a Data Safety	
	Monitoring	
	Board or	
	Advisory Board	
10	Leadership or	XNone
	fiduciary role in	
	other board,	
	society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11		
		None
	options	
		Ш
12	Receipt of	XNone
	equipment,	
	materials, drugs,	Π
	medical writing,	
	gifts or other	
	services	\square
	501 11005	
12	0(1)	A . NY
	Other financial	XNone
	or non-financial	m and a second se
	interests	
		\square
Pla	ease place an "X"	' next to the following statement to indicate your agreement:
-		re answered every question and have not altered the wording of any of the questions on
	this form.	answered every question and have not affered the wording of any of the questions of
A	uns torm.	

Date:	7/4/2023
Your Name:	Jingwen Yong Jingwen Yong
Manuscript Title:	Evaluation of left ventricular diasolic function in patients with coronary microvascular dysfunction (CMD) by cardiovascular magnetic resonance feature-tracking (CMR-FT)
Manuscript Number (if known):	QIMS-23-47

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.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	
	Time frame: Since the initial plann	ing of the work
 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. 	Click the tab key to add additional rows	

Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None
3	Royalties or licenses	×None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
	Payment for expert testimony	XNone
	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	X ^{None}

- Í	pending	
9	Participation on	None
1	a Data Safety	X tone
	Monitoring	m
	Board or	
	Addison Deced	
	Advisory Board	\square
10	Leadership or	None
	fiduciary role in	Atome
	other board,	
	society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock	None
	options	
	· F · · ·	ÎN Î
12	Receipt of	Aktone
12		None
	equipment,	
	materials, drugs,	
	medical writing,	\square
	gifts or other	
	services	
13	Other financial	None
	or non-financial	
	interests	Π
P		' next to the following statement to indicate your agreement:
		e answered every question and have not altered the wording of any of the questions on
X	this form.	
Γ	-	
/		

Date: Your Name: Manuscript Title: 7/4/2023 Jing An Jing An

Evaluation of left ventricular diastolic function in patients with coronary microvascular dysfunction (CMD) by cardiovascular magnetic resonance feature-tracking (CMR-FT) QIMS-23-47

Manuscript Number (if known):

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.

		ave this Specifications/Comments (e.g., if rows as payments were made to you or to your institution)
	Time frame: Since the initi	al planning of the work
 All support for the present manuscript (e funding, provision of study materia medical writin article processing charges, etc.) No time limit for this item. 	.g., Click the tab key to add additional rows.	

Time frame: past 36 months		
2	Grants or	None
	contracts from	
	any entity (if not	
	indicated in item	
	#1 above).	
-		>/
3	Royalties or	None
	licenses	
		\square
4	Consulting fees	None
l •	consulting rees	
		Π
5	Payment or	☆ None
	honoraria for	\wedge
	lectures,	Π
	presentations,	
	speakers	
	bureaus,	
	manuscript	
	writing or educational	
	events	
6	Payment for	XNone
U	expert testimony	X None
	expert testimony	Π
		· · · · · · · · · · · · · · · · · · ·
7	Support for	X None
	attending	
	meetings and/or	
	travel	
8	Patents planned,	None
0	issued or	
l		/

1	pending	
9	Participation on	None
'	a Data Safety	Anone
	Monitoring	
	Board or	
	4.1.° D 1	
	Advisory Board	\square
10	Leadership or	V None
10	fiduciary role in	A None
	other board,	
	society,	\square
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock	None
	options	
		m
12	Receipt of	Y North
14	equipment,	XNone
	materials, drugs,	
	medical writing,	\square
	gifts or other	
	services	μ
13		₩ None
	or non-financial	\wedge
	interests	Π
⊢		
-		
Pl		' next to the following statement to indicate your agreement:
		re answered every question and have not altered the wording of any of the questions on
ЧÐ	this form.	
154		
17		

Date:	7/4/2023
Your Name:	7/4/2023 Lijun Zhang Lijun Zhang
Manuscript Title:	Evaluation of left ventricular diastolic function in patients with coronary microvascular dysfunction (CMD) by cardiovascular magnetic resonance feature-tracking (CMR-FT)
Manuscript Number (if	QIMS-23-47
known):	

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.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	1 (0)
	Time frame: Since the initial plann	ing of the work
 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. 	Click the tab key to add additional rows	

	Time frame: past 36 months		
2	Grants or contracts from	None	
	any entity (if not indicated in item		
	#1 above).		
3	Royalties or licenses	None	
4	Consulting fees		
5	honoraria for	None	
	lectures, presentations, speakers		
	bureaus, manuscript		
	writing or educational		
6	events Payment for	None	
U	expert testimony	None	
7	Support for attending	None	
	meetings and/or travel	$\prod_{i=1}^{n}$	
8	Patents planned, issued or	None	

ĺ	pending	
9	Participation on	None
ĺ	a Data Safety	A Vone
	Monitoring	П
	Board or	
	Adada ama Daand	
	Advisory Board	Ш
10	Leadership or	None
	fiduciary role in	
	other board,	
	society,	
	committee or	
	advocacy group, paid or unpaid	
11	Stock or stock	None
	options	Avone
	1	П
		+
12	Receipt of	XNone
	equipment,	
	materials, drugs,	
	medical writing, gifts or other	
	services	
13	Other financial	None
	or non-financial	
	interests	
Ple		e next to the following statement to indicate your agreement:
X		re answered every question and have not altered the wording of any of the questions on
ĮА	this form.	

Date:	7/4/2023
Your Name:	Xiantao Song Xianteo Song
Manuscript Title:	Evaluation of left ventricular diastdic function in patients with coronary microvascular dysfunction (CMD) by cardiovascular magnetic resonance feature-tracking (CMR-FT)
Manuscript Number (if	QIMS-23-47
known):	
T (1 ·) C)	

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.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	
	Time frame: Since the initial plann	ing of the work
 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. 	Click the tab key to add additional rows.	

	Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	
3	Royalties or licenses	X ^{None}
	Consulting fees	X ^{ione}
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	
	Payment for expert testimony	
	Support for attending meetings and/or travel	None
8	Patents planned, issued or	None

1	pending	
9	Participation on	None
	a Data Safety	
	Monitoring	\square
	Board or	
	Advisory Board	
10	Leadership or	None
10	fiduciary role in	Alvone
	other board,	
	society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock	None
	options	\wedge
		Π
12	Receipt of	None
	equipment,	
	materials, drugs,	Π
	medical writing,	
	gifts or other	
	services	
		1
13	Other financial	None
	or non-financial	
	interests	ίπ –
Ple	ease place an "X"	' next to the following statement to indicate your agreement:
t	I certify that I have answered every question and have not altered the wording of any of the questions on	
\mathbf{N}	this form.	

7/4/2023

Date: Your Name: Manuscript Title:

Yi He Yi He Evaluation of left ventricular diastolic function in patients with coronary microvascular dysfunction (CMD) by cardiovascular magnetic resonance featuretracking (CMR-FT) QIMS-23-47

Manuscript Number (if known):

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.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	
	Time frame: Since the initial plann	ing of the work
 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. 	Click the tab key to add additional rows.	

	Time frame: past 36 months	
2	Grants or	None
	contracts from	
	any entity (if not	
	indicated in item	
	#1 above).	
-		./
3	Royalties or	Wone
	licenses	
4	Consulting fees	None
5	Payment or	None
Č	honoraria for	
	lectures,	П
	presentations,	
	speakers	
	bureaus,	
	manuscript	
	writing or educational	
6	events Payment for	X _N
0	expert testimony	None
	expert testimony.	m
7	Support for	None
	attending	
	meetings and/or travel	
	uavei	
		\square
8	Patents planned,	None
1	issued or	/*
•	• ••	

1	pending	
9	Participation on	None
ĺ.	a Data Safety	
	Monitoring	μ Π
	Board or	
	Doard Of	
	Advisory Board	\square
	Advisory Doard	Ш
10	Leadership or	V None
	fiduciary role in	\bigwedge
	other board,	П
	society,	
	committee or	
	advocacy group,	\square
-	paid or unpaid	
11	Stock or stock	None
	options	
		\square
12	Receipt of	None
	equipment,	
	materials, drugs,	
	medical writing,	
	gifts or other	
	services	
10	0.1 6 11	
13	Other financial	None
	or non-financial	
	interests	
		\square
Pl		next to the following statement to indicate your agreement:
	I certify that I hav	e answered every question and have not altered the wording of any of the questions on
X	this form.	
A		