

## ICMJJE DISCLOSURE FORM

**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.

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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.

	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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3	Royalties or licenses	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	Consulting fees	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8	Patents planned, issued or	<input checked="" type="checkbox"/> None <input type="checkbox"/>

	pending	<input type="checkbox"/>
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/>
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/>

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**Date:** 7/4/2023  
**Your Name:** Jiaxin Cao *Jiaxin Cao*  
**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

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**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)  
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**Your Name:** Jingwen Yong *Jingwen Yong*  
**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

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## ICMJJE DISCLOSURE FORM

**Date:** 7/4/2023  
**Your Name:** Jing An *Jing An*  
**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

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## ICMJE DISCLOSURE FORM

**Date:** 7/4/2023  
**Your Name:** 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 known):** QIMS-23-47

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## ICMJJE DISCLOSURE FORM

**Date:** 7/4/2023  
**Your Name:** Xiantao Song *Xiantao Song*  
**Manuscript Title:** Evaluation of left ventricular diastolic function in patients with coronary microvascular dysfunction (CMD) by cardiovascular magnetic resonance feature-tracking (CMR-FT)  
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**Manuscript Title:** Evaluation of left ventricular diastolic function in patients with coronary microvascular dysfunction (CMD) by cardiovascular magnetic resonance feature-tracking (CMR-FT)  
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**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.