

ICMJE DISCLOSURE FORM

Date: July 16th, 2023

Your Name: Qimin Fang

Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosis prediction: A Bibliometric Analysis

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.

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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)
Time frame: Since the initial planning of the work			
1	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.	<u>None</u>	None
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	None
3	Royalties or licenses	<u>None</u>	None
4	Consulting fees	<u>None</u>	None

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

Please summarize the above conflict of interest in the following box:

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ICMJE DISCLOSURE FORM

Date: July 16th, 2023

Your Name: Kaiyao Huang

Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosis prediction: A Bibliometric Analysis

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ICMJE DISCLOSURE FORM

Date: July 16th, 2023

Your Name: Xinyu Yao

Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosis prediction: A Bibliometric Analysis

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ICMJE DISCLOSURE FORM

Date: July 16th, 2023

Your Name: Yun Peng

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ICMJE DISCLOSURE FORM

Date: July 16th, 2023

Your Name: Ao Kan

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Date: July 16th, 2023

Your Name: Yipei Song

Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosis prediction: A Bibliometric Analysis

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Date: July 16th, 2023

Your Name: Xiwen Wang

Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosis prediction: A Bibliometric Analysis

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Date: July 16th, 2023

Your Name: Xuan Xiao

Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosis prediction: A Bibliometric Analysis

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ICMJE DISCLOSURE FORM

Date: July 16th, 2023

Your Name: Lianggeng Gong

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