Date: July 16 <sup>th</sup> , 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):

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		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.	None	None
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

None.				

Please place an "X" next to the following statement to indicate your agreement:

Date: July 16 <sup>th</sup> , 2023
Your Name: Kaiyao Huang
Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosis
prediction: A Bibliometric Analysis
Manuscript number (if known):

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		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,	None	None
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	None
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	None
4	Consulting fees	None	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	

None.		

Please place an "X" next to the following statement to indicate your agreement:

Date: July 16 <sup>th</sup> , 2023
Your Name: Xinyu Yao
Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosis
prediction: A Bibliometric Analysis
Manuscript number (if known):

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		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,	None	None
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	None
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: July 16 <sup>th</sup> , 2023
<b>Your Name:</b> Yun Peng
Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosis
prediction: A Bibliometric Analysis
Manuscript number (if known):

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		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.	None	None
		Time frame; nast	26 months
2	Grants or contracts from	Time frame: past	None
2	any entity (if not indicated in item #1 above).	NOTIC	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

None.		

Please place an "X" next to the following statement to indicate your agreement:

Date: July 16 <sup>th</sup> , 2023
Your Name: Ao Kan
Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosi
prediction: A Bibliometric Analysis
Manuscript number (if known):

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		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.	None	None
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

None.		

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Date: July 16 <sup>th</sup> , 2023
Your Name: Yipei Song
Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognos
prediction: A Bibliometric Analysis
Manuscript number (if known):

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		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,	None	None
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	None
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	None
4	Consulting fees	None	None

6 1	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or	NoneNoneNone	None  None  None	
7 3	Support for attending meetings and/or travel  Patents planned, issued or			
8	meetings and/or travel  Patents planned, issued or	None	None	
	pending	None	None	
!	Participation on a Data Safety Monitoring Board or Advisory Board	None	None	
į	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None	
	Stock or stock options	None	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None	
	Other financial or non- financial interests	None	None	

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form.

Date: July 16 <sup>th</sup> , 2023
Your Name: Xiwen Wang
Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosi
prediction: A Bibliometric Analysis
Manuscript number (if known):

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		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.	None	None
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

None.		

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Date: July 16 <sup>th</sup> , 2023
Your Name: Xuan Xiao
Manuscript Title: The application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosis
prediction: A Bibliometric Analysis
Manuscript number (if known):

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
	T		
1	All support for the present	None	None
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	None
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	None
4	Consulting fees	None	None

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

None.			

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Date: July 16 <sup>th</sup> , 2023 <sub>.</sub>	
Your Name: Liangge	eng Gong
Manuscript Title: Th	e application of Radiology for Dilate Cardiomyopathy diagnosis, treatment, and prognosis
prediction: A Bibliometri	c Analysis
Manuscript number (if k	nown):

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		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.	the National Natural Science Foundation of China	A part of payments were made to my project.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	None
3	Royalties or licenses	None	None

4	Consulting fees	None	None		
5	Payment or honoraria for	None	None		
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None	None		
	testimony				
7	Support for attending	None	None		
	meetings and/or travel				
8	Patents planned, issued or	None	None		
8	pending	None	None		
	pending				
9	Participation on a Data	None	None		
9	Safety Monitoring Board or	None	None		
	Advisory Board				
10	Leadership or fiduciary role	None	None		
10	in other board, society,	None	None		
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None	None		
11	Stock of Stock options	None	None		
12	Receipt of equipment,	None	None		
12	materials, drugs, medical	None	None		
	writing, gifts or other				
	services				
13	Other financial or non-	None	None		
13	financial interests		None		
Ple	Please summarize the above conflict of interest in the following box:				
	reade building the above confinct of interest in the following box.				
	None.				
	INOTIC.				

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