Date:____Jul. 21th, 2023____ Your Name:____ Zhongqiang Zhao ___ Manuscript Title:_____ The influence of arm positions on mechanics dyssynchrony measured by gated myocardial perfusion imaging____ Manuscript number (if known):__QIMS-22-1404-R1_____

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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)	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date:____Jul. 21th, 2023____ Your Name:____ Cheng Wang ___ Manuscript Title:____ The influence of arm positions on mechanics dyssynchrony measured by gated myocardial perfusion imaging____ Manuscript number (if known):__QIMS-22-1404-R1_____

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date:____Jul. 21th, 2023____ Your Name:____ Zeyu Peng ___ Manuscript Title:____ The influence of arm positions on mechanics dyssynchrony measured by gated myocardial perfusion imaging____ Manuscript number (if known):__QIMS-22-1404-R1_____

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		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date:____Jul. 21th, 2023____ Your Name:____Ju Bu ___ Manuscript Title:_____ The influence of arm positions on mechanics dyssynchrony measured by gated myocardial perfusion imaging____ Manuscript number (if known):__QIMS-22-1404-R1_____

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date:____Jul. 21th, 2023____ Your Name:____ Chunxiang Li ___ Manuscript Title:____ The influence of arm positions on mechanics dyssynchrony measured by gated myocardial perfusion imaging____ Manuscript number (if known):__QIMS-22-1404-R1_____

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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)
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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date:____Jul. 21th, 2023____ Your Name:____ Dianfu Li ___ Manuscript Title:_____ The influence of arm positions on mechanics dyssynchrony measured by gated myocardial perfusion imaging____ Manuscript number (if known):__QIMS-22-1404-R1_____

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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)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date:____Jul. 21th, 2023____ Your Name:____ Weihua Zhou ___ Manuscript Title:____ The influence of arm positions on mechanics dyssynchrony measured by gated myocardial perfusion imaging____ Manuscript number (if known):__QIMS-22-1404-R1_____

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date:____Jul. 21th, 2023____ Your Name:____ Rongsheng Lu ___ Manuscript Title:____ The influence of arm positions on mechanics dyssynchrony measured by gated myocardial perfusion imaging____ Manuscript number (if known):__QIMS-22-1404-R1_____

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date:____Jul. 21th, 2023____ Your Name:____ Lijun Tang ___ Manuscript Title:_____ The influence of arm positions on mechanics dyssynchrony measured by gated myocardial perfusion imaging____ Manuscript number (if known):__QIMS-22-1404-R1_____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date:____Jul. 21th, 2023____ Your Name:____ Yong Li ___ Manuscript Title:____ The influence of arm positions on mechanics dyssynchrony measured by gated myocardial perfusion imaging____ Manuscript number (if known):__QIMS-22-1404-R1_____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Possint of aquinment	X None	
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