Date:	17-04-2023
Your Name: Manuscript Title	Ting Wu Three-dimensional echocardiography and strain cardiac imaging in patients with prediabetes
and type 2 diabe	
Manuscript num	

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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)
	The state of the s	Time frame: Since the initi	ial 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: pa	st 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	

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	4	144 1 2 1 1 144 1 1 1 1 1 1 1 1 1 1 1 1	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	980
13	Other financial or non- financial interests	_XNone	

None		12 i.e. 1 (No.	
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Please place an "X" next to the following statement to indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	17-04-2023	
Your Name: Manuscript Tit		nsional echocardiography and strain cardiac imaging in patients with prediabetes
Manuscript nu	umber (if known):	

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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) Time frame: Since the Init	Specifications/Comments (e.g., if payments were made to you or to your institution) all planning of the work
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		Time frame: pa	ast 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	20.000 (C)
4	Consulting fees	_XNone	

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

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Date:	17-04-2023	
Your Name: Manuscript Title	Chunquan Zhang e: Three-dime	nsional echocardiography and strain cardiac imaging in patients with prediabetes
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1	All support for the present manuscript (e.g., funding,	XNone	N .
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		Time frame: pa	ast 36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	
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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
5	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X_None	8
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8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	i) - war i galagi ta
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	_XNone	- 15. - 15.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	_XNone	

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

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Date:	17-0	4-2023
Your Name:	Dan Zl	nang
Manuscript Tit	tle:	Three-dimensional echocardiography and strain cardiac imaging in patients with prediabetes
and type 2 dia	betes me	Ilitus
Manuscript nu	mber (if	known):

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	(44) Jan 1994	Time frame: pas	st 36 months
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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	1 1 1 1
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	_XNone	

None		
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Date:	17-0	4-2023
Your Name:	Xia Li	
Manuscript Tit		Three-dimensional echocardiography and strain cardiac imaging in patients with prediabetes
and type 2 dial		
Manuscript nu	mber (if	known):

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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	_XNone	200 A 100 A

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