| Date: <u>September 18<sup>th</sup>, 2023</u> |   |  |  |  |
|--|---|--|--|--|
| Your Name:                                   | Antonia Dalmer  |  |  |  |
| Manuscript Title                             | : Native myocardial T1 mapping: Influence of spatial resolution on quantitative results and |  |  |  |
| reproducibility                              |   |  |  |  |
| Manuscript num                               | ber (if known): OIMS-23-943-R2  |  |  |  |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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, | XNone  |   |
|   | medical writing, article processing charges, etc.)  No time limit for this item.     |  |   |
|   |  |  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from   | XNone  |   |
|   | any entity (if not indicated in item #1 above).                                      |  |   |
| 3 | Royalties or licenses  | XNone  |   |
|   |  |  |   |
| 4 | Consulting fees  | XNone  |   |

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

| Date:    | Sept 14, 2023  |
|----------|--|
| Your Nan | ne: Felix G. Meinel  |
| Manuscri | ipt Title: Native myocardial T1 mapping: Influence of spatial resolution on quantitative results and |
| reproduc | cibility   |
| Manuscri | ipt number (if known): QIMS-23-943-R2  |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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).  | GE Healthcare  | Research grant (paid to the institution)  |
| 3 | Royalties or licenses   | XNone  |   |
| 4 | Consulting fees   | XNone  |   |

| 5  | Payment or honoraria for  | GE Healthcare                    | Speaker honoraria |
|----|---|----------------------------------|-------------------|
|    | lectures, presentations, speakers bureaus,  | Circle Cardiovascular<br>Imaging | Speaker honoraria |
|    | manuscript writing or educational events  | Bayer Vital                      | Speaker honoraria |
| 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<br>Safety Monitoring Board or<br>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,<br>materials, drugs, medical<br>writing, gifts or other<br>services         | XNone                            |                   |
| 13 | Other financial or non-<br>financial interests  | XNone                            |                   |

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

Dr. Meinel has received a research grant from GE Healthcare and speaker honoraria from GE Healthcare, Circle Cardiovascular Imaging and Bayer Vital.

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

| Date: September 19th, 2023  |  |  |
|---|--|--|
| Your Name: Benjamin Böttcher  |  |  |
| Manuscript Title: Native myocardial T1 mapping: Influence of spatial resolution on quantitative results and |  |  |
| reproducibility   |  |  |
| Manuscript number (if known): QIMS-23-943-R2  |  |  |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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                             | _xNone   |   |
|   | manuscript (e.g., funding,                              |  |   |
|   | provision of study materials,                           |  |   |
|   | medical writing, article                                |  |   |
|   | processing charges, etc.)  No time limit for this item. |  |   |
|   | No time mint for this item.                             |  |   |
|   |   |  |   |
|   |   | <b>Time 6</b>  | 26  |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                                | xNone  |   |
|   | any entity (if not indicated                            |  |   |
|   | in item #1 above).                                      |  |   |
| 3 | Royalties or licenses                                   | x_None   |   |
|   |   |  |   |
|   |   |  |   |
| 4 | Consulting fees   | xNone  |   |
|   |   |  |   |

| 5    | Payment or honoraria for  | xNone  |  |  |
|------|---|--------|--|--|
|      | lectures, presentations,  |        |  |  |
|      | speakers bureaus,   |        |  |  |
|      | manuscript writing or   |        |  |  |
| 6    | educational events  | y None |  |  |
| 6    | Payment for expert testimony  | xNone  |  |  |
|      | testimony   |        |  |  |
| 7    | Support for attending   | xNone  |  |  |
| ,    | meetings and/or travel  |        |  |  |
|      | meetings and, or traver   |        |  |  |
|      |   |        |  |  |
|      |   |        |  |  |
| 8    | Patents planned, issued or  | xNone  |  |  |
|      | pending   |        |  |  |
|      |   |        |  |  |
| 9    | Participation on a Data   | xNone  |  |  |
|      | Safety Monitoring Board or  |        |  |  |
|      | Advisory Board  |        |  |  |
| 10   | Leadership or fiduciary role  | x_None |  |  |
|      | in other board, society,  |        |  |  |
|      | committee or advocacy group, paid or unpaid                           |        |  |  |
| 11   | Stock or stock options  | xNone  |  |  |
|      |   |        |  |  |
|      |   |        |  |  |
| 12   | Receipt of equipment,   | xNone  |  |  |
|      | materials, drugs, medical   |        |  |  |
|      | writing, gifts or other   |        |  |  |
| 12   | services  | Name   |  |  |
| 13   | Other financial or non-<br>financial interests                        | xNone  |  |  |
|      | illialiciai liiterests  |        |  |  |
|      |   |        |  |  |
| Plea | Please summarize the above conflict of interest in the following box: |        |  |  |
|      |   |        |  |  |

Nothing to declare.

| Date:         | Sep. 15 <sup>th</sup> 2023 |   |  |
|---------------|----------------------------|---|--|
| Your Name: _  | Mathias Manzke             |   |  |
| Manuscript Ti | tle:                       |   |  |
| Native myoca  | rdial T1 mapping: Influe   | nce of spatial resolution on quantitative results and reproducibility |  |
| Manuscript no | umber (if known):          | OMIS-23-943   |  |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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   |        |  |  |  |
| _   | educational events  | V Name |  |  |  |
| 6   | Payment for expert testimony  | XNone  |  |  |  |
|     | testimony   |        |  |  |  |
| 7   | Support for attending   | X None |  |  |  |
| ,   | meetings and/or travel  |        |  |  |  |
|     | meetings and, or craver   |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
| 8   | Patents planned, issued or  | X None |  |  |  |
| ٥   | pending   | XNone  |  |  |  |
|     | Po  |        |  |  |  |
| 9   | Participation on a Data   | X None |  |  |  |
|     | 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  | Receipt of equipment,   | X None |  |  |  |
|     | materials, drugs, medical   |        |  |  |  |
|     | writing, gifts or other   |        |  |  |  |
|     | services  |        |  |  |  |
| 13  | Other financial or non-   | XNone  |  |  |  |
|     | financial interests   |        |  |  |  |
|     |   |        |  |  |  |
|     |   |        |  |  |  |
| Dla |   |        |  |  |  |
| PIE | Please summarize the above conflict of interest in the following box: |        |  |  |  |
|     | None.   |        |  |  |  |
| '   | None.   |        |  |  |  |
|     |   |        |  |  |  |
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|     |   |        |  |  |  |

| Date:     | Sep. 14 <sup>th</sup> , 2023  |
|-----------|---|
| Your Nam  | ne: Roberto Lorbeer   |
| Manuscri  | pt Title: Native myocardial T1 mapping: Influence of spatial resolution on quantitative results and |
| reproduci | ibility   |
| Manuscri  | pt 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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   | X_None   |   |
| 4 | Consulting fees   | XNone  |   |

|    |   | T      |  |
|----|---|--------|--|
|    |   |        |  |
|    |   |        |  |
| 5  | Payment or honoraria for  | XNone  |  |
|    | lectures, presentations,  |        |  |
|    | speakers bureaus,<br>manuscript writing or                                  |        |  |
|    |   |        |  |
|    | educational events  |        |  |
| 6  | Payment for expert  | XNone  |  |
|    | testimony   |        |  |
|    |   |        |  |
| 7  | Support for attending   | XNone  |  |
|    | 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 in other board, society, committee or advocacy | XNone  |  |
|    |   |        |  |
|    |   |        |  |
|    | group, paid or unpaid   |        |  |
| 11 | Stock or stock options  | X None |  |
|    |   |        |  |
|    |   |        |  |
| 12 | Receipt of equipment,   | X None |  |
| 12 | materials, drugs, medical   | X_NONE |  |
|    | writing, gifts or other   |        |  |
|    | services  |        |  |
|    |   |        |  |
| 13 | Other financial or non-   | XNone  |  |
|    | financial interests   |        |  |
|    |   |        |  |
|    |   |        |  |
|    |   |        |  |

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

| None. |
|-------|
|       |
|       |

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

| Date: September 15th, 20223 |  |  |
|-----------------------------|--|--|
| Your Name:                  | Marc-André Weber   |  |
| Manuscript Title            | e: Native myocardial T1 mapping: Influence of spatial resolution on quantitative results and |  |
| reproducibility_            |  |  |
| Manuscript nun              | nber (if known): OIMS-23-943-R2  |  |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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   |
| All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article | None  |  |
| processing charges, etc.)  No time limit for this item.  |   |  |
|  |   |  |
|  |   |  |
|  | Time frame: past  | 36 months  |
| Grants or contracts from   | None  |  |
| in item #1 above).   |   |  |
| Royalties or licenses  | None  |  |
|  |   |  |
| Consulting fees  | None  |  |
|  | provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses | whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial  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.  Time frame: past  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses  whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial  None |

|      |  | _                               |            |
|------|--|---------------------------------|------------|
| 5    | Payment or honoraria for                     | None                            |            |
|      | lectures, presentations,                     |                                 |            |
|      | speakers bureaus,                            |                                 |            |
|      | manuscript writing or                        |                                 |            |
|      | educational events                           |                                 |            |
| 6    | Payment for expert                           | None                            |            |
|      | testimony                                    |                                 |            |
| 7    | Constant for the selice                      | N                               |            |
| 7    | Support for attending meetings and/or travel | None                            |            |
|      | meetings and/or traver                       |                                 |            |
|      |  |                                 |            |
|      |  |                                 |            |
|      |  |                                 |            |
| 8    | Patents planned, issued or                   | None                            |            |
|      | pending                                      |                                 |            |
| 9    | Participation on a Data                      | None                            |            |
| 9    | Safety Monitoring Board or                   | None                            |            |
|      | Advisory Board                               |                                 |            |
| 10   | Leadership or fiduciary role                 | None                            |            |
| 10   | in other board, society,                     |                                 |            |
|      | committee or advocacy                        |                                 |            |
|      | group, paid or unpaid                        |                                 |            |
| 11   | Stock or stock options                       | None                            |            |
|      |  |                                 |            |
|      |  |                                 |            |
| 12   | Receipt of equipment,                        | None                            |            |
|      | materials, drugs, medical                    |                                 |            |
|      | writing, gifts or other                      |                                 |            |
| 13   | services Other financial or non-             | None                            |            |
| 13   | financial interests                          | None                            |            |
|      | maricial interests                           |                                 |            |
| Plea | se summarize the above co                    | nflict of interest in the follo | owing box: |
|      |  |                                 |            |

| Date: Sep. 20            | <sup>h</sup> , 2023   |     |
|--------------------------|---|-----|
| Your Name:               | Bettina Baeßler   |     |
| <b>Manuscript Title:</b> | Native myocardial T1 mapping: Influence of spatial resolution on quantitative results a | anc |
| reproducibility          |   |     |
| Manuscript numb          | er (if known): QIMS-23-943-R2   |     |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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  |   |

|    |   | T      |  |
|----|---|--------|--|
|    |   |        |  |
|    |   |        |  |
| 5  | Payment or honoraria for  | XNone  |  |
|    | lectures, presentations,  |        |  |
|    | speakers bureaus,<br>manuscript writing or                                  |        |  |
|    |   |        |  |
|    | educational events  |        |  |
| 6  | Payment for expert  | XNone  |  |
|    | testimony   |        |  |
|    |   |        |  |
| 7  | Support for attending   | XNone  |  |
|    | 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 in other board, society, committee or advocacy | XNone  |  |
|    |   |        |  |
|    |   |        |  |
|    | group, paid or unpaid   |        |  |
| 11 | Stock or stock options  | X None |  |
|    |   |        |  |
|    |   |        |  |
| 12 | Receipt of equipment,   | X None |  |
| 12 | materials, drugs, medical   | X_NONE |  |
|    | writing, gifts or other   |        |  |
|    | services  |        |  |
|    |   |        |  |
| 13 | Other financial or non-   | XNone  |  |
|    | financial interests   |        |  |
|    |   |        |  |
|    |   |        |  |
|    |   |        |  |

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

| None. |
|-------|
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|       |

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

| Date: Septembe   | er 21 <sup>st</sup> , 2023   |
|------------------|--|
| Your Name:       | Ann-Christin Klemenz   |
| Manuscript Title | e: Native myocardial T1 mapping: Influence of spatial resolution on quantitative results and |
| reproducibility_ |  |
| Manuscript nun   | nber (if known): OIMS-23-943-R2  |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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  | XNone  |   |  |
|  | any entity (if not indicated in item #1 above).   |  |   |  |
| 3  | Royalties or licenses   | XNone  |   |  |
|  |   |  |   |  |
| 4  | Consulting fees   | XNone  |   |  |
|  |   |  |   |  |

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