

## ICMJE DISCLOSURE FORM

Date: Oct. 25<sup>th</sup>, 2023

Your Name: Hui Wang

Manuscript Title: Cardiac Magnetic Resonance Analysis of Left Atrium Function in Patients with pre-apical hypertrophic myopathy

Manuscript number (if known): QIMS-23-466-R1-MS-7783

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

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## ICMJE DISCLOSURE FORM

Date: Oct. 25<sup>th</sup>, 2023

Your Name: Kairui Bo

Manuscript Title: Cardiac Magnetic Resonance Analysis of Left Atrium Function in Patients with pre-apical hypertrophic myopathy

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## ICMJE DISCLOSURE FORM

Date: Oct. 25<sup>th</sup>, 2023

Your Name: Yifeng Gao

Manuscript Title: Cardiac Magnetic Resonance Analysis of Left Atrium Function in Patients with pre-apical hypertrophic myopathy

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## ICMJE DISCLOSURE FORM

Date: Oct. 25<sup>th</sup>, 2023

Your Name: Zhen Zhou

Manuscript Title: Cardiac Magnetic Resonance Analysis of Left Atrium Function in Patients with pre-apical hypertrophic myopathy

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## ICMJE DISCLOSURE FORM

Date: Oct. 25<sup>th</sup>, 2023

Your Name: Xuelian Gao

Manuscript Title: Cardiac Magnetic Resonance Analysis of Left Atrium Function in Patients with pre-apical hypertrophic myopathy

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Date: Oct. 25<sup>th</sup>, 2023

Your Name: Zhonghua Sun

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Your Name: Lei Xu

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