| Date: 2023-06-03 | | | |
|--|---|--|--|
| Your Name: Weifeng Yuan | | | |
| Manuscript Title:The Increased Epicardial Adipose Tissue Derived from Cardiac Magnetic Resonance Imaging Is Associated with Myocardial Fibrosis in Duchenne Muscular Dystrophy: A Clinical Prediction Model Development and Validation Study in 283 Subjects | | | |
| Manuscript number (if known): | | | |
| In the interest of transparency, we ask you to that are | disclose all relationships/activities/interests listed below | | |
| related to the content of your manuscript. "Re third | elated" means any relation with for-profit or not-for-profit | | |
| parties whose interests may be affected by the commitment | e content of the manuscript. Disclosure represents a | | |
| to transparency and does not necessarily indicrelationship/activity/interest, it is preferable the | cate a bias. If you are in doubt about whether to list a nat you do so. | | |
| The following questions apply to the author's current manuscript only. | relationships/activities/interests as they relate to the | | |
| The author's relationships/activities/interests pertains | should be <u>defined broadly</u> . For example, if your manuscript | | |
| • | uld declare all relationships with manufacturers of ication is not mentioned in the manuscript. | | |
| In item #1 below, report all support for the work other items, the time frame for disclosure is the past 36 mg | rk reported in this manuscript without time limit. For all onths. | | |
| Name all entities wit whom you have this relationship or indic none (add rows as needed) | (e.g., if payments were made to you or to your | | |

whom you have this relationship or indicate none (add rows as needed)

Time frame: Since the initial planning of the work

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.

whom you have this relationship or indicate institution)

[e.g., if payments were made to you or to your institution)

[Institution]

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.

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _√None | |
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| 3 | Royalties or licenses | _√None | |
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| 4 | Consulting fees | _√None | |
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| 5 | Payment or honoraria for | _√None | |
| | lectures, presentations, speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _√None | |
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| 7 | Support for attending meetings and/or travel | _√None | |
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| 8 | Patents planned, issued | √ None | |
| | or pending | | |
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| 9 | Participation on a Data | √ None | |
| | Safety Monitoring Board | | |
| | or Advisory Board | | |
| 10 | Leadership or fiduciary | √ None | |
| 10 | role in other board, | _vnone | |
| | society, committee or | | |
| | advocacy group, paid or | | |
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| 11 | Stock or stock options | _√None | |
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| 12 | Receipt of equipment, | √ None | |
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| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _√None | |
| | financial interests | | |
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| Ple | ease summarize the abo | ve conflict of interest in the follow | wing box: |
| | None | | |
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| Please place an "X" next to the following statement to indicate your agreement: |
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| _X I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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| Date:2023-06-03 | | | |
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| Your Name:Huayan Xu | | | |
| Imaging Is Associated with Myocardial Fibrosis in | ose Tissue Derived from Cardiac Magnetic Resonance Duchenne Muscular Dystrophy: A Clinical Prediction | | |
| Model Development and Validation Study in 283 S | | | |
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No time limit for this item.

Time frame: past 36 months

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| Date:2023-06-03 | | | | |
| Ma Ima Mo | Your Name:Lingyi Wen | | | |
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Time frame: past 36 months

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| 10 | Leadership or fiduciary | √ None | |
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| Date:2023-06-03 | | | | | |
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| Yo | Your Name:Ke Xu | | | | |
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| 8 | Patents planned, issued | √ None | |
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| 9 | Participation on a Data Safety Monitoring Board | √ None | |
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| 10 | Leadership or fiduciary | √ None | |
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| | te:2023-06-03 | | | | |
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| Ma Ima Mo | Your Name:Linjun Xie | | | | |
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| rela thi | ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit rd | | | | |
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| Date:2023-06-03 | |
|---|---|
| Your Name:Rong Xu | |
| Manuscript Title:The Increased Epicardial Adipose Imaging Is Associated with Myocardial Fibrosis in Du | |
| Model Development and Validation Study in 283 Subj | jects |
| Manuscript number (if known): | |
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| 7 | Support for attending meetings and/or travel | _√None | |
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| 8 | Patents planned, issued | √ None | |
| | or pending | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board | √ None | |
| | | | |
| | or Advisory Board | | |
| 10 | Leadership or fiduciary | √ None | |
| 10 | role in other board, society, committee or | _vnone | |
| | | | |
| | advocacy group, paid or | | |
| | unpaid | | |
| 11 | Stock or stock options | _√None | |
| | · | | |
| | | | |
| 12 | Receipt of equipment, | √ None | |
| | materials, drugs, medical writing, gifts or other | | |
| | | | |
| | services | | |
| 13 | Other financial or non- | _√None | |
| | financial interests | | |
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| Ple | ease summarize the abo | ve conflict of interest in the follow | wing box: |
| | None | | |
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| Please place an "X" next to the following statement to indicate your agreement: |
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| _X I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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| Ma Ima Mo | Your Name:Bentian Liu | | | |
| | the interest of transparency, we ask you to disclose all relationships/activities/interests listed below it are | | | |
| rela thi | ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit rd | | | |
| - | rties whose interests may be affected by the content of the manuscript. Disclosure represents a mmitment | | | |
| to | transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so. | | | |
| <u>cu</u> | e following questions apply to the author's relationships/activities/interests as they relate to the rent inuscript 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. | | | | |
| oth | tem #1 below, report all support for the work reported in this manuscript without time limit. For all ter items, time frame for disclosure is the past 36 months. | | | |
| | Name all entities with Specifications/Comments | | | |
| | whom you have this relationship or indicate none (add rows as needed) | | | |
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All support for the

charges, etc.)

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present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

____None

Time frame: past 36 months

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _√None | |
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| 0 | , | / | |
| 3 | Royalties or licenses | _√None | |
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| 4 | Consulting fees | _√None | |
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| 5 | Payment or honoraria for | _√None | |
| | lectures, presentations, speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _√None | |
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| 7 | Support for attending meetings and/or travel | _√None | |
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| 8 | Patents planned, issued | √ None | |
| | or pending | | |
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| 9 | Participation on a Data | √ None | |
| | Safety Monitoring Board | | |
| | or Advisory Board | | |
| 10 | Leadership or fiduciary | √ None | |
| 10 | role in other board, | _vNone | |
| | society, committee or | | |
| | advocacy group, paid or | | |
| | unpaid | | |
| 11 | Stock or stock options | _√None | |
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| 12 | Receipt of equipment, | √ None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _√None | |
| | financial interests | | |
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| Ple | ease summarize the abo | ve conflict of interest in the follow | wing box: |
| | None | | |
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| Please place an "X" next to the following statement to indicate your agreement: |
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| _X I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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| Date: 2023-06-03 | | | |
|---|--|--|--|
| Your Name: Ting Xu | | | |
| Manuscript Title:The Increased Epicardial Adipose Tissue Derived from Cardiac Magnetic Resonance maging Is Associated with Myocardial Fibrosis in Duchenne Muscular Dystrophy: A Clinical Prediction Model Development and Validation Study in 283 Subjects Manuscript number (if known): | | | |
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| 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 | | | |
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| 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 manuscrip 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. | | | |
| 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. | | | |
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| Name all entities with Specifications/Comments | | | |
| whom you have this (e.g., if payments were made to you or to your | | | |
| relationship or indicate institution) | | | |
| none (add rows as needed) | | | |
| Time frame: Since the initial planning of the work | | | |

Time frame: past 36 months

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All support for the

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present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _√None | |
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| 3 | Royalties or licenses | _√None | |
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| 5 | Payment or honoraria for | _√None | |
| | lectures, presentations, speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _√None | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | _√None | |
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| 8 | Patents planned, issued | √ None | |
| | or pending | | |
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| 9 | Participation on a Data | √ None | |
| | Safety Monitoring Board | | |
| | or Advisory Board | | |
| 10 | Leadership or fiduciary | √ None | |
| 10 | role in other board, | _vNone | |
| | society, committee or | | |
| | advocacy group, paid or | | |
| | unpaid | | |
| 11 | Stock or stock options | _√None | |
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| 12 | Receipt of equipment, | √ None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _√None | |
| | financial interests | | |
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| Ple | ease summarize the abo | ve conflict of interest in the follow | wing box: |
| | None | | |
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| Please place an "X" next to the following statement to indicate your agreement: |
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| _X I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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| Date:2023-06-03 |
|--|
| Your Name:Xiaoyue Zhou |
| Manuscript Title:The Increased Epicardial Adipose Tissue Derived from Cardiac Magnetic Resonance |
| Imaging Is Associated with Myocardial Fibrosis in Duchenne Muscular Dystrophy: A Clinical Prediction |
| Model Development and Validation Study in 283 Subjects |
| Manuscript 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>

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.

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) ime frame: Since the initia | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|---|
| 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 Time frame: past | |

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
|----|---|--------|
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | _√None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non- financial interests | None |
| | | |

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

| Xiao-Yue Zhou is an employee of Siemens Healthineers Digital Technology (Shanghai) Co., Ltd., Shanghai, China. |
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| Please place an "X" next to the following statement to indicate your agreement: |
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| _X I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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| Ma Ima Mo | Your Name:Xiaoming Bi | | |
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| rela thir | ited to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit d | | |
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| oth | tem #1 below, report all support for the work reported in this manuscript without time limit. For all er items, time frame for disclosure is the past 36 months. | | |
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| | relationship or indicate institution) none (add rows as needed) | | |
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Time frame: past 36 months

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All support for the

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present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

| 2 | Grants or contracts from | _√None | |
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| | any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | √ None | |
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| 4 | Consulting fees | _√None | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | _\None | |
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| | manuscript writing or educational events | | |
| 6 | Payment for expert | _√None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | _√None | |
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| 8 | Patents planned, issued | _√None | |
| | or pending | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board | None | |
| | or Advisory Board | | |
| 10 | Leadership or fiduciary | √ None | |
| | role in other board, | | |
| | society, committee or | | |
| | advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | _√None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| 10 | Services Other financial or non | (N | |
| 13 | Other financial or non- financial interests | _√None | |
| | | | |
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Please summarize the above conflict of interest in the following box:

| Xiao-Ming Bi is an employee of Siemens Medical Solutions USA, Inc., Los Angeles, CA, USA. |
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| Please place an "X" next to the following statement to indicate your agreement: |
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| _X I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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| Your Name: Xiaotang Cai Manuscript Title: The Increased Epicardial Adipose Tissue Derived from Cardiac Magnetic Resonance Imaging Is Associated with Myocardial Fibrosis in Duchenne Muscular Dystrophy: A Clinical Prediction Model Development and Validation Study in 283 Subjects Manuscript 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 current manuscript only. The author's relationships/activities/interests should be defined broadly. 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. 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) Name all entities with institution) Specifications/Comments (e.g., if payments were made to you or to your institution) Time frames/Since the initial planning of the work | Date: 2023-06-03 | | | |
|---|---|---|---|---------|
| Manuscript Title:The Increased Epicardial Adipose Tissue Derived from Cardiac Magnetic Resonance Imaging Is Associated with Myocardial Fibrosis in Duchenne Muscular Dystrophy: A Clinical Prediction Model Development and Validation Study in 283 Subjects | | Cai | | |
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| 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 current manuscript only. The author's relationships/activities/interests should be defined broadly. 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. 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) Specifications/Comments (e.g., if payments were made to you or to your institution) | that are related to the content of you | | · | |
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| current manuscript only. The author's relationships/activities/interests should be defined broadly. 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. 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) Specifications/Comments (e.g., if payments were made to you or to your institution) | to transparency and does | _ | | а |
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All support for the

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No time limit for this

_√__None

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _√None | |
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| 3 | Royalties or licenses | _√None | |
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| 4 | Consulting fees | _√None | |
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| 5 | Payment or honoraria for lectures, presentations, | _√None | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | / 1 | |
| O | testimony | None | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | _√None | |
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| 8 | Patents planned, issued | √ None | |
| | or pending | | |
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| 9 | Participation on a Data | √ None | |
| | Safety Monitoring Board | | |
| | or Advisory Board | | |
| 10 | Leadership or fiduciary | √ None | |
| | role in other board, | _vivone | |
| | society, committee or | | |
| | advocacy group, paid or | | |
| | unpaid | | |
| 11 | Stock or stock options | _√None | |
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| 12 | Receipt of equipment, | √ None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | _√None | |
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| Ple | ease summarize the abo | ve conflict of interest in | the following box: |
| | None | | |

| Please place an "X" next to the following statement to indicate your agreement: |
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| _X I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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| Date:2023-06-03 | | | | |
|---|--|--|--------|--|
| Your Name:Yingkun G | | | | |
| Imaging Is Associated with | Myocardial Fibrosis in | se Tissue Derived from Cardiac Magnetic Resona Duchenne Muscular Dystrophy: A Clinical Predict ubjects | | |
| Manuscript number (if kno | | • | | |
| In the interest of transpare that are | ncy, we ask you to disc | lose all relationships/activities/interests listed bel | ow | |
| related to the content of you | our manuscript. "Relate | d" means any relation with for-profit or not-for-pro | ofit | |
| parties whose interests macommitment | ay be affected by the co | ntent of the manuscript. Disclosure represents a | | |
| to transparency and does in relationship/activity/interest | - | a bias. If you are in doubt about whether to list a ou do so. | I | |
| The following questions ap current manuscript only. | oply to the author's rela | tionships/activities/interests as they relate to the | | |
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| to the epidemiology of hyp | | leclare all relationships with manufacturers of on is not mentioned in the manuscript. | | |
| In item #1 below, report all other items, the time frame for disclosu | | eported in this manuscript without time limit. For a | all | |
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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) | | |

Name all entities with whom you have this relationship or indicate none (add rows as needed)

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.

Specifications/Comments (e.g., if payments were made to you or to your institution)

- √_None

- √_None

Time frame: past 36 months

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _√None | |
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| 3 | Royalties or licenses | _√None | |
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| 4 | Consulting fees | _√None | |
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| 5 | Payment or honoraria for lectures, presentations, | _√None | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | / 1 | |
| O | testimony | None | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | _√None | |
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| 8 | Patents planned, issued | √ None | |
| | or pending | | |
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| 9 | Participation on a Data | √ None | |
| | Safety Monitoring Board | | |
| | or Advisory Board | | |
| 10 | Leadership or fiduciary | √ None | |
| | role in other board, | _vivone | |
| | society, committee or | | |
| | advocacy group, paid or | | |
| | unpaid | | |
| 11 | Stock or stock options | _√None | |
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| 12 | Receipt of equipment, | √ None | |
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| | writing, gifts or other | | |
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| Ple | ease summarize the abo | ve conflict of interest in | the following box: |
| | None | | |

| Please place an "X" next to the following statement to indicate your agreement: |
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| _X I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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