#### ICMJE DISCLOSURE FORM

Date: Dec. 7, 2023 Your Name: Zheng Liang

Manuscript Title: Assessing Early Prognosis of Heart Failure After Acute Myocardial Infarction Using Left

Ventricular Pressure-Strain Loop: a prospective randomized controlled clinical study

Manuscript number (if known): QIMS-23-1079-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

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manuscript only.

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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,

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	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	_×_None	
	any entity (if not indicated		

	in item #1 above).		
3	Royalties or licenses	_×_None	
4	Consulting fees	_×_None	
_			
5	Payment or honoraria for	_×_None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_×_None	
	testimony		
7	Support for attending meetings and/or travel	_×_None	
8	Patents planned, issued	_×_None	
	or pending		
9	Participation on a Data	_×_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	_×_None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	_×_None	
' '	Stock of Stock options	_ ^ _NONE	
12	Receipt of equipment,	_×_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_×_None	
	financial interests		

None.			

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

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

form.

# ICMJE DISCLOSURE FORM

Date: Dec. 7, 2023

Your Name: Yaoyao Yang

Manuscript Title: Assessing Early Prognosis of Heart Failure After Acute Myocardial Infarction Using Left

Ventricular Pressure-Strain Loop: a prospective randomized controlled clinical study

Manuscript number (if known): QIMS-23-1079-R2

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	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  I planning of the work
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2	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	Time frame: past 36 months _×_None _×_None
4	Consulting fees	_×_None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_×_None _×_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

None.			

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

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

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

form.

#### ICMJE DISCLOSURE FORM

Date: Dec. 7, 2023
Your Name: Feng Wang

Manuscript Title: Assessing Early Prognosis of Heart Failure After Acute Myocardial Infarction Using Left

Ventricular Pressure-Strain Loop: a prospective randomized controlled clinical study

Manuscript number (if known): QIMS-23-1079-R2

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	Name all entities with	Specifications/Comments

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	Ti	me frame: Since the initia	planning of the work
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		Time frame: past	36 months
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	_×_None	
3	noyanies of licenses	^_INOTIE	
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,	_×_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_×_None	
	financial interests		

None.			

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

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

form.

### ICMJE DISCLOSURE FORM

**Date:** Dec. 7, 2023 **Your Name:** Jing Liu

Manuscript Title: Assessing Early Prognosis of Heart Failure After Acute Myocardial Infarction Using Left

Ventricular Pressure-Strain Loop: a prospective randomized controlled clinical study

Manuscript number (if known): QIMS-23-1079-R2

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		Time frame: past	36 months
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3	Royalties or licenses	_×_None	
4	Consulting fees	_×_None	
5	Payment or honoraria for lectures, presentations,	_×_None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_×_None	
	testimony		
7	Support for attending meetings and/or travel	_×_None	
8	Patents planned, issued or pending	_×_None	
9	Participation on a Data	× None	
Э	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	
12	Receipt of equipment,	_×_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_×_None	
	financial interests		

None.			

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form.

### ICMJE DISCLOSURE FORM

Date: Dec. 7, 2023
Your Name: Lei Liu

Manuscript Title: Assessing Early Prognosis of Heart Failure After Acute Myocardial Infarction Using Left

Ventricular Pressure-Strain Loop: a prospective randomized controlled clinical study

Manuscript number (if known): QIMS-23-1079-R2

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3	Royalties or licenses	_×_None	
4		NI	
4	Consulting fees	_×_None	
5	Payment or honoraria for	_×_None	
	lectures, presentations,	110110	
	speakers bureaus,		
	manuscript writing or		
6	educational events	× None	
6	Payment for expert testimony	_×_None	
	Commony		

7	Support for attending meetings and/or travel	_ × _None
8	Patents planned, issued	_×_None
	or pending	
9	Participation on a Data	_×_None
	Safety Monitoring Board	
	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
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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None.			

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# **ICMJE DISCLOSURE FORM**

Date: Dec. 7, 2023 Your Name: Yanfei Mo

Manuscript Title: <u>Assessing Early Prognosis of Heart Failure After Acute Myocardial Infarction Using Left</u>

Ventricular Pressure-Strain Loop: a prospective randomized controlled clinical study

## Manuscript number (if known): QIMS-23-1079-R2

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7	Support for attending meetings and/or travel	_×_None	
	meetings and/or travel		
8	Patents planned, issued	_×_None	
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	or Advisory Board		
10	Leadership or fiduciary	_×_None	
	role in other board, 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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None.			

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### ICMJE DISCLOSURE FORM

Date: Dec. 7, 2023

Your Name: Min Wang

Manuscript Title: Assessing Early Prognosis of Heart Failure After Acute Myocardial Infarction Using Left

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	meetings and/or travel						
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	Safety Monitoring Board						
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	society, committee or						
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12	Receipt of equipment,	_×_None					
	materials, drugs, medical						
	writing, gifts or other						
10	Services Other financial or non	v None					
13	Other financial or non- financial interests	_×_None					
	imanoiai interests						

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