

## ICMJE DISCLOSURE FORM

Date: 12/7/2023  
 Your Name: Yurui Hu  
 Manuscript Title: Association of Epicardial Fat Volume with Subclinical Myocardial Damage in patients with type 2 diabetes mellitus  
 Manuscript number (if known): QIMS-23-1413

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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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: 12/7/2023  
 Your Name: Wenji Yu  
 Manuscript Title: Association of Epicardial Fat Volume with Subclinical Myocardial Damage in patients with type 2 diabetes mellitus  
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Date: 12/7/2023  
 Your Name: Feifei Zhang  
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Your Name: Yufeng Zhang

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## ICMJE DISCLOSURE FORM

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Your Name: Jingwen Wang

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Date: 12/7/2023  
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Date: 12/7/2023  
 Your Name: Jianfeng Wang  
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