### ICMJE DISCLOSURE FORM

Date:11/20/2023	
Your Name:Xinyu Zhu	
	itrial and left ventricular strain for the risk of sudden cardiac
Manuscript number (if known):QIMS-23- 1615	

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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,

		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)
	Ti	me frame: Since the initia	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.	X_None	
		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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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 Safety Monitoring Board or 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, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None.			

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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.

### ICMJE DISCLOSURE FORM

Date:11/20/2023	
Your Name:Ying Shi	
Manuscript Title: Predictive value of left a death in hypertrophic cardiomyopathy by feathers.	atrial and left ventricular strain for the risk of sudden cardiac ture-tracking CMR
Manuscript number (if known): QIMS-23-	-

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	_	Time frame: past	36 months

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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 Safety Monitoring Board or 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, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None.			

Ple	ase place an "X" next to the following statement to indicate your agreement:
	C I certify that I have answered every question and have not altered the wording of any of the estions on this form.
	ICMJE DISCLOSURE FORM
Da	te: 11/20/2023
Yo	te:11/20/2023 ur Name: Jianxiu Lian
Ma	nuscript Title: Predictive value of left atrial and left ventricular strain for the risk of sudden cardiac
	ath in hypertrophic cardiomyopathy by feature-tracking CMR
	nuscript number (if known): QIMS-23-
	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below
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-	ties whose interests may be affected by the content of the manuscript. Disclosure represents a mmitment
	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
<u>ma</u>	nuscript only.
	e author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript tains
to	the epidemiology of hypertension, you should declare all relationships with manufacturers of thypertensive medication, even if that medication is not mentioned in the manuscript.
	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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	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)

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
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 testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary	XNone	
	role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non- financial interests	full-time employee of Philips Healthcare	

	ease summarize the abo	ve conflict of intere	est in the following box:	
		employee of Philips H	lealthcare during the research period, primarily	
		the fellowing state		
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		relationship or indicate none (add rows as	institution)
		needed)	
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3	Royalties or licenses	X None	
J	rioyanies of nochises		
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	X_None	
	role in other board, society, committee or		

	advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
2	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
3	Other financial or non- financial interests	X_None	
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qu	form.	ICMJE DISC	CLOSURE FORM
Da Yo Ma	form. hte:11/20/2023 our Name: Lulu Li	ictive value of left atri	al and left ventricular strain for the risk of sudden cardi

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		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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	

qu Da Yo	X_ I certify that I have an lestions on this form. ate:11/20/2023_ our Name: Haishan Wu	nswered every question	nent to indicate your agreement:  on and have not altered the wording of any of the  CLOSURE FORM  al and left ventricular strain for the risk of sudden cardi
	X_ I certify that I have and the second contract the second contra	nswered every questi	on and have not altered the wording of any of the
	X_ I certify that I have a		
	ease summarize the abo	ve conflict of interest	in the following box:
3	Other financial or non- financial interests	XNone	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
1	Stock or stock options	X_None	
0	role in other board, society, committee or advocacy group, paid or unpaid	XNone	
0	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary	XNone  XNone	
	or pending	XNone	
	Patents planned, issued	.,	

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations,	XNone	

	manuscript writing or educational events	
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	X_None
0	Detents planned issued	V. None
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	XNone
Г	ease summarize the abo	ve conflict of interest in the following box:
	X_ I certify that I have a	o the following statement to indicate your agreement:  nswered every question and have not altered the wording of any of the
qu	estions on this form.	ICM IF DISCLOSURE FORM

speakers bureaus,

Date:11/20/2023	
Your Name:Yuan Tian	
Manuscript Title: Predictive value of left a death in hypertrophic cardiomyopathy by fea	ntrial and left ventricular strain for the risk of sudden cardiac ture-tracking CMR
Manuscript number (if known): QIMS-23- 1615	

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

None.			

Please place an "X" next to the following statement to indicate your agreement: X 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: 11/20/2023 Your Name: Pengfei Liu Manuscript Title: \_\_\_ Predictive value of left atrial and left ventricular strain for the risk of sudden cardiac death in hypertrophic cardiomyopathy by feature-tracking CMR QIMS-23-Manuscript number (if known):\_\_\_\_ 1615 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 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 **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)

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	study materials, medical		
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	Term.	Time frame: pas	t 36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	
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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued	X None	
	or pending		
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9	Participation on a Data	X_None	
	Safety Monitoring Board		
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10	Leadership or fiduciary	X_None	
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	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X_None	
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