

## ICMJE DISCLOSURE FORM

Date: 11/20/2023

Your Name: Xinyu Zhu

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

Manuscript number (if known): QIMS-23-1615

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.

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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, 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>  X  </u> None	
<b>Time frame: past 36 months</b>			

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

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

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: Ying Shi

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

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### ICMJE DISCLOSURE FORM

Date: 11/20/2023  
Your Name: Jianxiu Lian  
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  
Manuscript number (if known): QIMS-23-1615

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11	Stock or stock options	<input checked="" type="checkbox"/> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None
13	Other financial or non-financial interests	full-time employee of Philips Healthcare


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

Dr. Lian serves as a full-time employee of Philips Healthcare during the research period, primarily providing technical support and participating in the revision of the article.

**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:** 11/20/2023

**Your Name:** Honghu Shen

**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

**Manuscript number (if known):** QIMS-23-1615

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10	Leadership or fiduciary role in other board, society, committee or	<input checked="" type="checkbox"/> None	

	advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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### ICMJE DISCLOSURE FORM

Date: 11/20/2023

Your Name: Lulu Li

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

Manuscript number (if known): QIMS-23-1615

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### ICMJJE DISCLOSURE FORM

**Date:** 11/20/2023

**Your Name:** Haishan Wu

**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

**Manuscript number (if known):** QIMS-23-1615

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations,	<input checked="" type="checkbox"/> None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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**ICMJE DISCLOSURE FORM**

Date: 11/20/2023

Your Name: Yuan Tian

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

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### 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

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