

ICMJE DISCLOSURE FORM

Date: August 7th, 2023

Your Name: Yiyuan Gao

Manuscript Title: Feasibility and Reproducibility of Cardiovascular Magnetic Resonance-Feature Tracking for Quantitative Right Atrial Function in Dilated Cardiomyopathy Patients

Manuscript number (if known): QIMS-23-1119

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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Time frame: past 36 months			
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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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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: August 7th, 2023

Your Name: Jingjing Shi

Manuscript Title: Feasibility and Reproducibility of Cardiovascular Magnetic Resonance-Feature Tracking for Quantitative Right Atrial Function in Dilated Cardiomyopathy Patients

Manuscript number (if known): QIMS-23-1119

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ICMJE DISCLOSURE FORM

Date: August 7th, 2023

Your Name: Yujing Shi

Manuscript Title: Feasibility and Reproducibility of Cardiovascular Magnetic Resonance-Feature Tracking for Quantitative Right Atrial Function in Dilated Cardiomyopathy Patients

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ICMJE DISCLOSURE FORM

Date: August 7th, 2023

Your Name: Lingnan Guo

Manuscript Title: Feasibility and Reproducibility of Cardiovascular Magnetic Resonance-Feature Tracking for Quantitative Right Atrial Function in Dilated Cardiomyopathy Patients

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ICMJE DISCLOSURE FORM

Date: August 7th, 2023
 Your Name: Shanshan Zhou
 Manuscript Title: Feasibility and Reproducibility of Cardiovascular Magnetic Resonance-Feature Tracking for Quantitative Right Atrial Function in Dilated Cardiomyopathy Patients
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Date: August 7th, 2023

Your Name: Fan Zhang

Manuscript Title: Feasibility and Reproducibility of Cardiovascular Magnetic Resonance-Feature Tracking for Quantitative Right Atrial Function in Dilated Cardiomyopathy Patients

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Date: August 7th, 2023

Your Name: Yifan Guo

Manuscript Title: Feasibility and Reproducibility of Cardiovascular Magnetic Resonance-Feature Tracking for Quantitative Right Atrial Function in Dilated Cardiomyopathy Patients

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Date: August 7th, 2023

Your Name: Chen Gao

Manuscript Title: Feasibility and Reproducibility of Cardiovascular Magnetic Resonance-Feature Tracking for Quantitative Right Atrial Function in Dilated Cardiomyopathy Patients

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Date: August 7th, 2023
 Your Name: Ning Kong
 Manuscript Title: Feasibility and Reproducibility of Cardiovascular Magnetic Resonance-Feature Tracking for Quantitative Right Atrial Function in Dilated Cardiomyopathy Patients
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Date: August 7th, 2023
 Your Name: Ping Xiang
 Manuscript Title: Feasibility and Reproducibility of Cardiovascular Magnetic Resonance-Feature Tracking for Quantitative Right Atrial Function in Dilated Cardiomyopathy Patients
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Date: August 7th, 2023

Your Name: Mingwu Lou

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Date: August 7th, 2023

Your Name: Maosheng Xu

Manuscript Title: Feasibility and Reproducibility of Cardiovascular Magnetic Resonance-Feature Tracking for Quantitative Right Atrial Function in Dilated Cardiomyopathy Patients

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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:

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.