

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1.

Identifying Information

| | | |
|--|-------------------------------|---|
| 1. Given Name (First Name) Tingting | 2. Surname (Last Name) Luo | 3. Date 02-October-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Chenglong Fang |
| 5. Manuscript Title Layer-specific strain and dyssynchrony index alteration in new-onset systemic lupus erythematosus patients without cardiac symptoms | | |
| 6. Manuscript Identifying Number (if you know it) QIMS-20-859 | | |

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Dr. Luo has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|--------------------------------|---|
| 1. Given Name (First Name) Zhenhua | 2. Surname (Last Name) Wang | 3. Date 02-October-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Chenglong Fang |
| 5. Manuscript Title Layer-specific strain and dyssynchrony index alteration in new-onset systemic lupus erythematosus patients without cardiac symptoms | | |
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Dr. Wang has nothing to disclose.

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| 1. Given Name (First Name) Zhen | 2. Surname (Last Name) Chen | 3. Date 02-October-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Chenglong Fang |
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| | | |
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Dr. Yu has nothing to disclose.Dr. Yu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Chenglong

2. Surname (Last Name)
Fang

3. Date
02-October-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
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