

ICMJE DISCLOSURE FORM

Date: 2021.2.25

Your Name: Haiyan Ma

Manuscript Title: Clinical and imaging predictors of impaired myocardial perfusion in symptomatic patients after percutaneous coronary intervention: insights from dynamic CT myocardial perfusion imaging

Manuscript number (if known): QIMS-20-977-R1

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)
Time frame: Since the initial 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.	___ Science and Technology Foundation of the Health Commission of Guizhou province (gzwjkj 2020-1-176)	
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	
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8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
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:

Dr. Haiyan Ma received grant from Science and Technology Foundation of the Health Commission of Guizhou province (gzwjkj 2020-1-176).

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: 2021.2.25

Your Name: Xu Dai

Manuscript Title: Clinical and imaging predictors of impaired myocardial perfusion in symptomatic patients after percutaneous coronary intervention: insights from dynamic CT myocardial perfusion imaging

Manuscript number (if known): QIMS-20-977-R1

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13	Other financial or non-financial interests	___ None	

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

Dr. Xu Dai declares no conflict of interest.
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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: 2021.2.25

Your Name: Xiaojun Yang

Manuscript Title: Clinical and imaging predictors of impaired myocardial perfusion in symptomatic patients after percutaneous coronary intervention: insights from dynamic CT myocardial perfusion imaging

Manuscript number (if known): QIMS-20-977-R1

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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	

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

Dr. Xiaojun Yang declares no conflict of interest.

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: 2021.2.25

Your Name: Xihui Zhao

Manuscript Title: Clinical and imaging predictors of impaired myocardial perfusion in symptomatic patients after percutaneous coronary intervention: insights from dynamic CT myocardial perfusion imaging

Manuscript number (if known): QIMS-20-977-R1

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13	Other financial or non-financial interests	___ None	

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

Dr. Xihui Zhao declares no conflict of interest.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 2021.2.25

Your Name: Rongpin Wang

Manuscript Title: Clinical and imaging predictors of impaired myocardial perfusion in symptomatic patients after percutaneous coronary intervention: insights from dynamic CT myocardial perfusion imaging

Manuscript number (if known): QIMS-20-977-R1

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Dr. Rongpin Wang received grant from International Exemplary Cooperation Base of Precision Imaging for Diagnosis and Treatment (QKHPTRC[2019]5803).

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

Dr. Jiayin Zhang received grants by Medical Guidance Scientific Research Support Project of Shanghai Science and Technology Commission (Grant No.: 19411965100) and Shanghai Municipal Education Commission-Gaofeng Clinical Medicine Grant Support (Grant No.: 20161428).

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