

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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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xiaorong	2. Surname (Last Name) Chen	3. Date 11-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Risheng Yu and Jiner Shu
5. Manuscript Title Prognostic value of regional strain by cardiovascular magnetic resonance feature tracking in hypertrophic cardiomyopathy		
6. Manuscript Identifying Number (if you know it) QIMS-21-42		

Section 2. The Work Under Consideration for Publication

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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jiangfeng

2. Surname (Last Name)

Pan

3. Date

09-July-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Risheng Yu and Jiner Shu

5. Manuscript Title

Prognostic value of regional strain by cardiovascular magnetic resonance feature tracking in hypertrophic cardiomyopathy

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QIMS-21-42

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Section 1. Identifying Information

1. Given Name (First Name)

Jiner

2. Surname (Last Name)

Shu

3. Date

09-July-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Prognostic value of regional strain by cardiovascular magnetic resonance feature tracking in hypertrophic cardiomyopathy

6. Manuscript Identifying Number (if you know it)

QIMS-21-42

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1. Given Name (First Name)
Xiaoru

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Zhang

3. Date
09-July-2021

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Corresponding Author's Name
Risheng Yu and Jiner Shu

5. Manuscript Title
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Section 1. Identifying Information

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1. Given Name (First Name)

Lin

2. Surname (Last Name)

Chen

3. Date

09-July-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Risheng Yu and Jiner Shu

5. Manuscript Title

Prognostic value of regional strain by cardiovascular magnetic resonance feature tracking in hypertrophic cardiomyopathy

6. Manuscript Identifying Number (if you know it)

QIMS-21-42

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Yi

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Hu

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09-July-2021

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Corresponding Author's Name

Risheng Yu and Jiner Shu

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Section 1. Identifying Information

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Risheng

2. Surname (Last Name)
Yu

3. Date
10-July-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Prognostic value of regional strain by cardiovascular magnetic resonance feature tracking in hypertrophic cardiomyopathy

6. Manuscript Identifying Number (if you know it)
QIMS-21-42

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