

ICMJE DISCLOSURE FORM

Date: ____ Nov. 12th, 2021 ____

Your Name: ____ Jing Liu ____

Manuscript Title: ____ Cardiac remodeling and subclinical left ventricular dysfunction in uncomplicated obese adults: a cardiovascular magnetic resonance study ____

Manuscript number (if known): ____ QIMS-21-724 ____

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

None.

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Your Name: ____ Huaxia Pu ____

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Your Name: ____ Wenzhang He ____

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Date: ____ Nov. 12th, 2021 ____

Your Name: ____ Xiaoyue Zhou ____

Manuscript Title: ____ Cardiac remodeling and subclinical left ventricular dysfunction in uncomplicated obese adults: a cardiovascular magnetic resonance study ____

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Date: ____ Nov. 12th, 2021 ____

Your Name: ____ Nanwei Tong ____

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Your Name: ____ Liqing Peng ____

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