

## ICMJE DISCLOSURE FORM

**Date:** 12/4/2023

**Your Name:** Yifei Yang

**Manuscript Title:** Analysis of clinical features of heart failure in children with cardiomyopathy and improved ejection fraction

**Manuscript Number (if known):** TP-23-447

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:** 12/4/2023

**Your Name:** Xiaoxue Li

**Manuscript Title:** Analysis of clinical features of heart failure in children with cardiomyopathy and improved ejection fraction

**Manuscript Number (if known):** TP-23-447

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**Your Name:** Yan Gu

**Manuscript Title:** Analysis of clinical features of heart failure in children with cardiomyopathy and improved ejection fraction

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## ICMJE DISCLOSURE FORM

**Date:** 12/4/2023

**Your Name:** Zhenyu Lyu

**Manuscript Title:** Analysis of clinical features of heart failure in children with cardiomyopathy and improved ejection fraction

**Manuscript Number (if known):** TP-23-447

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## ICMJE DISCLOSURE FORM

**Date:** 12/4/2023

**Your Name:** Yongmei Liang

**Manuscript Title:** Analysis of clinical features of heart failure in children with cardiomyopathy and improved ejection fraction

**Manuscript Number (if known):** TP-23-447

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## ICMJE DISCLOSURE FORM

**Date:** 12/4/2023

**Your Name:** Meng Jiao

**Manuscript Title:** Analysis of clinical features of heart failure in children with cardiomyopathy and improved ejection fraction

**Manuscript Number (if known):** TP-23-447

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## ICMJE DISCLOSURE FORM

**Date:** 12/4/2023

**Your Name:** Mei Jin

**Manuscript Title:** Analysis of clinical features of heart failure in children with cardiomyopathy and improved ejection fraction

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