

## ICMJE DISCLOSURE FORM

Date: 2021.7.5

Your Name: Li Zhang

Manuscript Title: Ballistocardiography to identify high left atrial pressure in patients with heart failure

Manuscript number (if known): \_\_\_\_\_

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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## ICMJE DISCLOSURE FORM

Date: 2021.7.5

Your Name: Feiwei Cai

Manuscript Title: Ballistocardiography to identify high left atrial pressure in patients with heart failure

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Date: 2021.7.5

Your Name: Yinlong Deng

Manuscript Title: Ballistocardiography to identify high left atrial pressure in patients with heart failure

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Manuscript Title: Ballistocardiography to identify high left atrial pressure in patients with heart failure

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Manuscript Title: Ballistocardiography to identify high left atrial pressure in patients with heart failure

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Your Name: Qing Feng Shi

Manuscript Title: Ballistocardiography to identify high left atrial pressure in patients with heart failure

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Your Name: Fei Ye

Manuscript Title: Ballistocardiography to identify high left atrial pressure in patients with heart failure

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Your Name: Junhao Lu

Manuscript Title: Ballistocardiography to identify high left atrial pressure in patients with heart failure

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Your Name: Chao Yang

Manuscript Title: Ballistocardiography to identify high left atrial pressure in patients with heart failure

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Manuscript Title: Ballistocardiography to identify high left atrial pressure in patients with heart failure

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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	

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

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**ICMJE DISCLOSURE FORM**

Date: 2021.7.5

Your Name: Gao Chun Zhang

Manuscript Title: Ballistocardiography to identify high left atrial pressure in patients with heart failure

Manuscript number (if known): \_\_\_\_\_

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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.

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<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
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	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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	
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**ICMJE DISCLOSURE FORM**

Date: 2021.7.5

Your Name: \_\_\_\_\_

*Bin Wang*

Manuscript Title: Ballistocardiography to identify high left atrial pressure in patients with heart failure

Manuscript number (if known): \_\_\_\_\_

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