

ICMJE DISCLOSURE FORM

Date: 6/12/2021

Your Name: Xiuping Han

Manuscript Title: Effectiveness of telemedicine for cardiovascular disease management: Systematic review and meta-analysis

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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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.	Zhejiang Provincial Department of Science and Technology Zhejiang Industry-University-Research Institute Collaboration Association (grant No. [2019] 48)	
		Zhejiang Primary Health Research Center (grant No. 2020JC07)	
		Key Discipline of Jiaxing Respiratory Medicine Construction Project (grant No.2019-zc-040)	
		Jiaxing Key Laboratory of Precision Treatment for Lung Cancer	
		Research on Theory and Software Application of Chronic Disease Management Based on Smart Bed	

Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> ___ None			
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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 type="checkbox"/> <input checked="" type="checkbox"/> ___ None			
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> ___ None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> ___ None			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> ___ None			
11	Stock or stock options	<input checked="" type="checkbox"/> ___ None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> ___ None			
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> ___ None			

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

The author reports funding from Zhejiang Provincial Department of Science and Technology Zhejiang Industry-University-Research Institute Collaboration Association (grant No. [2019] 48), Zhejiang Primary Health Research Center (grant No. 2020JC07), Key Discipline of Jiaxing Respiratory Medicine Construction Project (grant No.2019-zc-040), Jiaxing Key Laboratory of Precision Treatment for Lung Cancer and Research on Theory and Software Application of Chronic Disease Management Based on Smart Bed.

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: 6/12/2021

Your Name: Wenyu Chen

Manuscript Title: Effectiveness of telemedicine for cardiovascular disease management: a meta-analysis and systematic review

Manuscript number (if known): _____

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6	Payment for expert testimony	<input checked="" type="checkbox"/> ___ None	
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8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> ___ None	
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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: 6/12/2021

Your Name: Zihao Gao

Manuscript Title: Effectiveness of telemedicine for cardiovascular disease management: a meta-analysis and systematic review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/12/2021

Your Name: Xiaodong Lv

Manuscript Title: Effectiveness of telemedicine for cardiovascular disease management: a meta-analysis and systematic review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/12/2021

Your Name: Yanbao Sun

Manuscript Title: Effectiveness of telemedicine for cardiovascular disease management: a meta-analysis and systematic review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/12/2021

Your Name: Xiangdong Yang

Manuscript Title: Effectiveness of telemedicine for cardiovascular disease management: a meta-analysis and systematic review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/12/2021

Your Name: Huafeng Shan

Manuscript Title: Effectiveness of telemedicine for cardiovascular disease management: a meta-analysis and systematic review

Manuscript number (if known): _____

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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Huafeng Shan is from Keeson Technology Corporation Limited, Jiaxing, China.	
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	
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