

# ICMJE DISCLOSURE FORM

Date: July 22<sup>nd</sup>, 2021

Your Name: Qiulan Yang

Manuscript Title: Impact of septal myectomy on diastolic function in patients with obstructive hypertrophic cardiomyopathy

Manuscript number (if known): JTD-21-902-CL

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.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None<br><br><br><br><br><br><br><br>                                | <br><br><br><br><br><br><br><br>  |
| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> None<br><br><br>  | <br><br><br>  |
| 3   | Royalties or licenses  | <input type="checkbox"/> None  |   |

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| 4  | Consulting fees  | _____ None |  |
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| 6  | Payment for expert testimony   | _____ None |  |
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| 7  | Support for attending meetings and/or travel   | _____ None |  |
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| 8  | Patents planned, issued or pending   | _____ None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | _____ None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | _____ None |  |
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| 11 | Stock or stock options   | _____ None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | _____ None |  |
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| 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:

**Qiulan Yang** 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: July 22<sup>nd</sup>, 2021

Your Name: Hao Cui

Manuscript Title: Impact of septal myectomy on diastolic function in patients with obstructive hypertrophic cardiomyopathy

Manuscript number (if known): JTD-21-902-CL

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**Hao Cui** 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: July 22<sup>nd</sup>, 2021

Your Name: Changsheng Zhu

Manuscript Title: Impact of septal myectomy on diastolic function in patients with obstructive hypertrophic cardiomyopathy

Manuscript number (if known): JTD-21-902-CL

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**Changsheng Zhu 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: July 22<sup>nd</sup>, 2021

Your Name: Haibo Hu

Manuscript Title: Impact of septal myectomy on diastolic function in patients with obstructive hypertrophic cardiomyopathy

Manuscript number (if known): JTD-21-902-CL

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**Haibo Hu 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: July 22<sup>nd</sup>, 2021

Your Name: Jianhua Lv

Manuscript Title: Impact of septal myectomy on diastolic function in patients with obstructive hypertrophic cardiomyopathy

Manuscript number (if known): JTD-21-902-CL

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| 13 | Other financial or non-financial interests   | _____ None |  |
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**Jianhua Lv** 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: July 22<sup>nd</sup>, 2021

Your Name: Yao Liu

Manuscript Title: Impact of septal myectomy on diastolic function in patients with obstructive hypertrophic cardiomyopathy

Manuscript number (if known): JTD-21-902-CL

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**Yao Liu 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: July 22<sup>nd</sup>, 2021

Your Name: Yang Zhang

Manuscript Title: Impact of septal myectomy on diastolic function in patients with obstructive hypertrophic cardiomyopathy

Manuscript number (if known): JTD-21-902-CL

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# ICMJE DISCLOSURE FORM

Date: July 22<sup>nd</sup>, 2021

Your Name: Hartzell V Schaff

Manuscript Title: Impact of septal myectomy on diastolic function in patients with obstructive hypertrophic cardiomyopathy

Manuscript number (if known): JTD-21-902-CL

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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).   | <input type="checkbox"/> None<br><br><br>  | <br><br><br>  |
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|    |  |            |  |
|    |  |            |  |
| 4  | Consulting fees  | _____ None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _____ None |  |
|    |  |            |  |
|    |  |            |  |
| 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 |  |
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| 11 | Stock or stock options   | _____ None |  |
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**form.**



# ICMJE DISCLOSURE FORM

Date: July 22<sup>nd</sup>, 2021

Your Name: Shuiyun Wang

Manuscript Title: Impact of septal myectomy on diastolic function in patients with obstructive hypertrophic cardiomyopathy

Manuscript number (if known): JTD-21-902-CL

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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