

ICMJE DISCLOSURE FORM

Date: Jan. 21th, 2022

Your Name: Junlin Huang

Manuscript Title: Research output of artificial intelligence in arrhythmia from 2004 to 2021: a bibliometric analysis

Manuscript number (if known): JTD-21-1767

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)
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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

None.

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: Jan. 10th, 2022

Your Name: Yang Liu

Manuscript Title: Research output of artificial intelligence in arrhythmia from 2004 to 2021: a bibliometric analysis

Manuscript number (if known): JTD-21-1767

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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ICMJJE DISCLOSURE FORM

Date: Jan. 10th, 2022

Your Name: Shuping Huang

Manuscript Title: Research output of artificial intelligence in arrhythmia from 2004 to 2021: a bibliometric analysis

Manuscript number (if known): JTD-21-1767

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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.		The author received funding from Guangdong Medical Science and Technology Research Funding (No. A2017516).
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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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 checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

The author received funding from Guangdong Medical Science and Technology Research Funding (No. A2017516).

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

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ICMJE DISCLOSURE FORM

Date: Jan. 20th, 2022

Your Name: Guibao Ke

Manuscript Title: Research output of artificial intelligence in arrhythmia from 2004 to 2021: a bibliometric analysis

Manuscript number (if known): JTD-21-1767

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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.		The author received funding from Sichuan Science and Technology Program (No. 2021YFS0159)
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: Jan. 12th, 2022

Your Name: Xin Chen

Manuscript Title: Research output of artificial intelligence in arrhythmia from 2004 to 2021: a bibliometric analysis

Manuscript number (if known): JTD-21-1767

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <u>X</u> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <u>X</u> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> None	

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

None.

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: Jan. 20th, 2022

Your Name: Bei Gong

Manuscript Title: Research output of artificial intelligence in arrhythmia from 2004 to 2021: a bibliometric analysis

Manuscript number (if known): JTD-21-1767

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

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: Jan. 19th, 2022

Your Name: Wei Wei

Manuscript Title: Research output of artificial intelligence in arrhythmia from 2004 to 2021: a bibliometric analysis

Manuscript number (if known): JTD-21-1767

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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.		The author received funding from National Natural Science Foundation of China (No. 81900301)
			The author received funding from Science and Technology Planning Project of Guangzhou (No. 201904010451)
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

The author received funding from National Natural Science Foundation of China (No. 81900301) and Science and Technology Planning Project of Guangzhou (No. 201904010451).

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: Jan. 20th, 2022

Your Name: Yumei Xue

Manuscript Title: Research output of artificial intelligence in arrhythmia from 2004 to 2021: a bibliometric analysis

Manuscript number (if known): JTD-21-1767

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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.		The author received funding from National Natural Science Foundation of China (No. 81870254)
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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ICMJJE DISCLOSURE FORM

Date: Jan. 20th, 2022

Your Name: Hai Deng

Manuscript Title: Research output of artificial intelligence in arrhythmia from 2004 to 2021: a bibliometric analysis

Manuscript number (if known): JTD-21-1767

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ICMJE DISCLOSURE FORM

Date: Jan. 23th, 2022

Your Name: Shulin Wu

Manuscript Title: Research output of artificial intelligence in arrhythmia from 2004 to 2021: a bibliometric analysis

Manuscript number (if known): JTD-21-1767

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			The author received funding from Special Project for Research and Development in Key Areas of Guangzhou Province (No. 2019B020230004)
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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8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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

The author received funding from Special Project for Research and Development in Key Areas of Guangzhou Province (No. 2019B020230004) and National Key Research and Development Program of China (No. 2018YFC1313502).

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.