

ICMJE DISCLOSURE FORM

Date: Jun.15th, 2022

Your Name: Lifeng Liang

Manuscript Title: Association between comorbid cardiomyopathy and the prognosis of patients with congestive heart failure in the intensive care unit: a retrospective cohort study

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.

| | | 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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| Time frame: Since the initial planning of the work | | | |
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| Time frame: past 36 months | | | |
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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 | |
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| 13 | Other financial or non-financial interests | <input checked="" 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.

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Date: Jun.15th, 2022

Your Name: Jiayi Sun

Manuscript Title: Association between comorbid cardiomyopathy and the prognosis of patients with congestive heart failure in the intensive care unit: a retrospective cohort study

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ICMJE DISCLOSURE FORM

Date: Jun.15th, 2022

Your Name: Lizhu Chen

Manuscript Title: Association between comorbid cardiomyopathy and the prognosis of patients with congestive heart failure in the intensive care unit: a retrospective cohort study

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Date: Jun.15th, 2022

Your Name: Zejian Li

Manuscript Title: Association between comorbid cardiomyopathy and the prognosis of patients with congestive heart failure in the intensive care unit: a retrospective cohort study

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Date: Jun.15th, 2022
 Your Name: Wenjuan Zhang
 Manuscript Title: Association between comorbid cardiomyopathy and the prognosis of patients with congestive heart failure in the intensive care unit: a retrospective cohort study
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