

ICMJE DISCLOSURE FORM

Date: May 17, 2024

Your Name: Qingxing Chen

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

Manuscript number (if known): unknown

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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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 which you have this relationship or interest (e.g., if payments were made to you or to your institution, name the person(s) to whom they were made) (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution, name the person(s) to whom they were made)
Time frame: Since the initial planning of the work			
1	All support for the manuscript (e.g., funding, purchase of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___ None	
Time frame: past 36 months			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript review, or consultancies	___ None	

	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 a 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 services	None	
13	Other financial or non-financial interests	None	

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

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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: May 17, 2024

Your Name: Lili Xu

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

Manuscript number (if known): unknown

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ICMJE DISCLOSURE FORM

Date: May 17, 2024

Your Name: Zilong Xiao

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

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ICMJE DISCLOSURE FORM

Date: May 17, 2024

Your Name: Chaofeng Chen

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

Manuscript number (if known): unknown

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ICMJE DISCLOSURE FORM

Date: May 17, 2024

Your Name: Yang Pang

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

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ICMJE DISCLOSURE FORM

Date: May 17, 2024

Your Name: Ye Xu

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

Manuscript number (if known): unknown

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ICMJE DISCLOSURE FORM

Date: May 17, 2024

Your Name: Kuan Cheng

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

Manuscript number (if known): unknown

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ICMJE DISCLOSURE FORM

Date: May 17, 2024

Your Name: Guijian Liu

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

Manuscript number (if known): unknown

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ICMJE DISCLOSURE FORM

Date: May 17, 2024

Your Name: Tian Zou

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

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ICMJE DISCLOSURE FORM

Date: May 17, 2024

Your Name: Meiling Zhou

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

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ICMJE DISCLOSURE FORM

Date: May 17, 2024

Your Name: Weihua Chen

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

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ICMJE DISCLOSURE FORM

Date: May 17, 2024

Your Name: Wenqing Zhu

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript review, or consulting	___ None	

	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 a 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 services	None	
13	Other financial or non-financial interests	None	

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

No conflict of interest.

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: May 17, 2024

Your Name: Junbo Ge

Manuscript Title: Simultaneous ST elevation in lead augmented vector right (aVR) and III in non-ST elevation acute coronary syndromes

Manuscript number (if known): unknown

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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10	Leadership or fiduciary role in a 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 services	None	
13	Other financial or non-financial interests	None	

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