

ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (FirstName)

Yiling

2. Surname (LastName)

Situ

3. Date

8th May 2020

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

Cardiovascular Magnetic Resonance Imaging for Structural Heart Disease

6. Manuscript Identifying Number (if you know it)

doi: 10.21037/cdt.2019.06.02

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Yes

No

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

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Yes

No

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Section 1. Identifying Information

1. Given Name (First Name) Samuel	2. Surname (Last Name) Birch	3. Date 09-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A/Prof Cameron Holloway
5. Manuscript Title Cardiovascular magnetic resonance imaging for structural heart disease		
6. Manuscript Identifying Number (if you know it) CDT-19-237		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Birch has nothing to disclose.

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1. Given Name (FirstName) Cameron 2. Surname (LastName) Holloway 3. Date 12/05/2020

Yes No

4. Are you the corresponding author?

5. Manuscript Title

6. Cardiovascular Magnetic Resonance Imaging for Structural Heart Disease

7. Manuscript Identifying Number (if you know it)

8. doi: 10.21037/cdt.2019.06.02

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CAMILA

1. Given Name (First Name)
Date

MOREYRA

2. Surname (Last Name)

3.

• Are you the corresponding author?

Yes

No

• Manuscript Title

CARDIOVASCULAR MAGNETIC RESONANCE IMAGING FOR STRUCTURAL
HEART DISEASE

• Manuscript Identifying Number (if you know it)

CDT-19-237

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