ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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Birch
ICMJE Form for Disclosure of Potential Conflicts of Interest

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?  
☐ Yes  ☑ No

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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Dr. Birch has nothing to disclose.

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Section 1. Identifying Information

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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\[ \text{CAMILA} \text{ MOREYRA} \]
1. Given Name (FirstName) 2. Surname (LastName) 3.

- Are you the corresponding author? Yes No

- Manuscript Title
  \[ \text{CARDIOVASCULAR MAGNETIC RESONANCE IMAGING FOR STRUCTURAL HEART DISEASE} \]
- Manuscript Identifying Number (if you know it)
  CDT-19-237

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