ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vardhmaan
2. Surname (Last Name) Jain
3. Date 13-June-2020

4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author’s Name
Bo Xu

5. Manuscript Title
Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond

6. Manuscript Identifying Number (if you know it)
CDT-2019-HVD-09(CDT-20-461)

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Dr. Jain has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Raktim

2. **Surname (Last Name)**
   Ghosh

3. **Date**
   13-June-2020

4. **Are you the corresponding author?**
   - [ ] Yes
   - [✓] No
   
   **Corresponding Author’s Name**
   Bo Xu

5. **Manuscript Title**
   Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond

6. **Manuscript Identifying Number (if you know it)**
   CDT-2019-HVD-09(CDT-20-461)

### 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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- [✓] No

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- [ ] Yes  
- [✓] No
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Dr. Ghosh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Manasvi

2. Surname (Last Name)
   Gupta

3. Date
   13-June-2020

4. Are you the corresponding author?
   ☐ Yes   ☑ No

   Corresponding Author’s Name
   Bo Xu

5. Manuscript Title
   Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond

6. Manuscript Identifying Number (if you know it)
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Dr. Gupta has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Yoshihito
2. Surname (Last Name)  Saijo
3. Date  13-June-2020
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Bo Xu
5. Manuscript Title  Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond
6. Manuscript Identifying Number (if you know it)  CDT-2019-HVD-09(CDT-20-461)

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Dr. Saijo has nothing to disclose.

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<thead>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Agam</td>
<td>Bansal</td>
<td>13-June-2020</td>
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</tbody>
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4. Are you the corresponding author?  
   - Yes  
   - No  ✔

Corresponding Author’s Name  
Bo Xu

5. Manuscript Title  
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Dr. Bansal has nothing to disclose.

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Farwati
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Medhat

2. Surname (Last Name)  
   Farwati

3. Date  
   13-June-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond

6. Manuscript Identifying Number (if you know it)  
   CDT-2019-HVD-09(CDT-20-461)

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Farwati has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Rachel

2. Surname (Last Name)  
   Marcus

3. Date  
   13-June-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   Bo Xu

5. Manuscript Title  
   Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond

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**Section 2. The Work Under Consideration for Publication**

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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Marcus has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Allan
2. Surname (Last Name) Klein
3. Date 13-June-2020
4. Are you the corresponding author? Yes
5. Manuscript Title Left Atrial Strain Mechanics in Echocardiography: Cardiomyopathy, Valvular Heart Disease and Beyond
6. Manuscript Identifying Number (if you know it) CDT-2019-HVD-09(CDT-20-461)

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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td>Allan Klein receives fees of $5,000 or more per year as a paid consultant, speaker or member of an advisory committee for Sobi</td>
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Dr. Klein reports personal fees from Swedish Orphan Biovitrum AB (Sobi).

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1. Given Name (First Name)  
Bo

2. Surname (Last Name)  
Xu

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13-June-2020

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No

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