

## 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)

Balint

2. Surname (Last Name)

Laczay

3. Date

24-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Bo Xu

5. Manuscript Title

Multimodality Imaging in Electrophysiology and Cardiac Device Therapies

6. Manuscript Identifying Number (if you know it)

CDT-2019-HVD-11(CDT-20-724)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Laczay has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Divyang	2. Surname (Last Name) Patel	3. Date 24-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Xu
5. Manuscript Title Multimodality Imaging in Electrophysiology and Cardiac Device Therapies		
6. Manuscript Identifying Number (if you know it) CDT-2019-HVD-11(CDT-20-724)		

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Dr. Patel has nothing to disclose.

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1. Given Name (First Name) Richard	2. Surname (Last Name) Grimm	3. Date 24-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Xu
5. Manuscript Title Multimodality Imaging in Electrophysiology and Cardiac Device Therapies		
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Bo

2. Surname (Last Name)

Xu

3. Date

24-November-2020

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