SAGE AUTHORSHIP CHANGE REQUEST

INSTRUCTIONS:
Please complete all sections of this form. We require that all authors (including current co-authors, those to be added and those to be removed) sign the relevant sections below. We require all signatures on the same copy of the form. Once complete, please email the form back to the sender.

SECTION ONE: PAPER INFORMATION

| JOURNAL NAME              | Journal of International Medical Research |
|---------------------------|--------------------------------------------|
| PAPER TITLE               | The phenomenon of concealed conduction in a case of his bundle pacing (HBP) |
| MANUSCRIPT ID NUMBER      | JIMR-19-0751                                |

SECTION TWO: ESSENTIAL CONDITIONS FOR CHANGE

The new author list should contain only those who can legitimately claim authorship. This is all those who:

1) Have made a substantial contribution to the concept or design of the article; or the acquisition, analysis, or interpretation of data for the article; AND
2) Drafted the article or revised it critically for important intellectual content; AND
3) Approved the version to be published; AND
4) Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

NB: Registered authors should meet the conditions of all of the points above. All contributors who do not meet the criteria for authorship should instead be listed in an `Acknowledgements` section.

SECTION THREE: REASON FOR AUTHORSHIP CHANGE

Please provide a detailed explanation for the change in authors in the box below.

I'm working at Shanxi Provincial People’s Hospital. Meanwhile, I am a doctoral candidate at Beijing Chaoyang Hospital of the Capital Medical University. My adviser is Professor Liu Xingpeng, who has given me much instruction in my research and in the writing and revision of the manuscript. So I apply to include him as a correspondence author of the manuscript. In addition, I apply to use Beijing Chaoyang Hospital of the Capital Medical University as my work unit. I have gained consent of Professor Liu Xingpeng and agreement of all the authors of the paper for the above contents. I deeply apologize for any inconvenience caused to your work of manuscript editing.
**SECTION FOUR: AUTHOR DECLARATIONS**

We agree to the proposed change of authorship to the above paper. NB: all authors (added and removed) must sign below.

**DECLARATION:** All the below listed authors agree that they can claim authorship to the submitted paper as they meet the criteria of the points listed in SECTION TWO.

| Author name       | Author signature | Date         |
|-------------------|------------------|--------------|
| Xingpeng liu      |                  | 28/09/2019   |
| Hong zhang        |                  | 28/09/2019   |
| Shuai Sun         |                  | 27/09/2019   |
DECLARATION: All the below listed authors agree that they cannot claim authorship to the submitted paper as they do not (or no longer) meet the criteria of the points listed in SECTION TWO.

| Author name | Author signature | Date |
|-------------|------------------|------|
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