ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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Section 1. Identifying Information

1. Given Name (First Name)  yongtai
2. Surname (Last Name)  liu
3. Date  29-November-2020
4. Are you the corresponding author?  No

Corresponding Author's Name  Shu-Yang Zhang

5. Manuscript Title
   Right Ventricular Systolic Function Is Associated with Health-Related Quality of Life: A Cross-Sectional Study in Community-Dwelling Populations

6. Manuscript Identifying Number (if you know it)
   ATM-20-6845

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Dr. liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  jinzhi
2. Surname (Last Name)  lai
3. Date  29-November-2020
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Shu-Yang Zhang

5. Manuscript Title  Right Ventricular Systolic Function Is Associated with Health-Related Quality of Life: A Cross-Sectional Study in Community-Dwelling Populations
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| feifei                    | zhai                   | 29-November-2020 |

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

Corresponding Author's Name  
Shu-Yang Zhang

| 5. Manuscript Title |
|---------------------|
| Right Ventricular Systolic Function Is Associated with Health-Related Quality of Life: A Cross-Sectional Study in Community-Dwelling Populations |

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- ✔ No

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## Section 3. Relevant financial activities outside the submitted work.

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Dr. zhai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) fei
2. Surname (Last Name) han
3. Date 29-November-2020
4. Are you the corresponding author? ☑ No
5. Corresponding Author's Name Shu-Yang Zhang

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1. Given Name (First Name)  
lixin

2. Surname (Last Name)  
zhou

3. Date  
29-November-2020

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jun

2. Surname (Last Name)  
   Ni

3. Date  
   29-November-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Shu-Yang Zhang

5. Manuscript Title  
Right Ventricular Systolic Function Is Associated with Health-Related Quality of Life: A Cross-Sectional Study in Community-Dwelling Populations

6. Manuscript Identifying Number (if you know it)  
ATM-20-6845

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Are there any relevant conflicts of interest?  
☑ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. ni has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  ming
2. Surname (Last Name)  yao
3. Date  29-November-2020
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Shu-Yang Zhang
5. Manuscript Title  Right Ventricular Systolic Function Is Associated with Health-Related Quality of Life: A Cross-Sectional Study in Community-Dwelling Populations
6. Manuscript Identifying Number (if you know it)  ATM-20-6845

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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. yao has nothing to disclose.

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### Identifying Information

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

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

3. **Date**  
   29-November-2020

4. **Are you the corresponding author?**  
   ✔️ No

5. **Manuscript Title**  
   Right Ventricular Systolic Function Is Associated with Health-Related Quality of Life: A Cross-Sectional Study in Community-Dwelling Populations

6. **Manuscript Identifying Number (if you know it)**  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
yanlin

2. Surname (Last Name)  
zhu

3. Date  
29-November-2020

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

Corresponding Author's Name  
Shu-Yang Zhang

5. Manuscript Title  
Right Ventricular Systolic Function Is Associated with Health-Related Quality of Life: A Cross-Sectional Study in Community-Dwelling Populations

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Dr. zhu has nothing to disclose.
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| wei                       | chen                   | 29-November-2020 |

4. Are you the corresponding author? [ ] Yes [x] No

| Corresponding Author's Name |
|-----------------------------|
| Shu-Yang Zhang              |

5. Manuscript Title

   Right Ventricular Systolic Function Is Associated with Health-Related Quality of Life: A Cross-Sectional Study in Community-Dwelling Populations

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| huai                      | bai                    | 29-November-2020 |

4. Are you the corresponding author? **[Yes]**  
**[No]**  

Corresponding Author's Name: Shu-Yang Zhang

5. Manuscript Title:  
Right Ventricular Systolic Function Is Associated with Health-Related Quality of Life: A Cross-Sectional Study in Community-Dwelling Populations

6. Manuscript Identifying Number (if you know it): ATM-20-6845

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**[Yes]**  
**[No]**

Are there any relevant conflicts of interest?  
**[Yes]**  
**[No]**

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Dr. bai has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| hui                        | wang                   | 29-November-2020 |

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author's Name

Shu-Yang Zhang

5. Manuscript Title

Right Ventricular Systolic Function Is Associated with Health-Related Quality of Life: A Cross-Sectional Study in Community-Dwelling Populations

6. Manuscript Identifying Number (if you know it)

ATM-20-6845

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Are there any relevant conflicts of interest? [ ] Yes [x] No

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## Section 1. Identifying Information

1. Given Name (First Name)  
   dingding

2. Surname (Last Name)  
   zhang

3. Date  
   29-November-2020

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

Corresponding Author’s Name  
Shu-Yang Zhang

5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   liying
2. Surname (Last Name)  
   cui
3. Date  
   29-November-2020
4. Are you the corresponding author?  
   Yes ☐  No ☑

**Corresponding Author’s Name**

Shu-Yang Zhang

5. Manuscript Title  
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1. Given Name (First Name) zhengyu
2. Surname (Last Name) jin
3. Date 29-November-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author's Name Shu-Yang Zhang

5. Manuscript Title Right Ventricular Systolic Function Is Associated with Health-Related Quality of Life: A Cross-Sectional Study in Community-Dwelling Populations
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   yicheng
2. Surname (Last Name)
   zhu
3. Date
   29-November-2020
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   - [x] No  
   Corresponding Author’s Name
   Shu-Yang Zhang

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally (but not always) paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   shuyang  

2. Surname (Last Name)  
   zhang  

3. Date  
   29-November-2020  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
   Right Ventricular Systolic Function Is Associated with Health-Related Quality of Life: A Cross-Sectional Study in Community-Dwelling Populations  

6. Manuscript Identifying Number (if you know it)  
   ATM-20-6845

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

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.)?  

Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.  

Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ Yes  
   No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. zhang has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.