

ICMJE DISCLOSURE FORM

Date: 07/05/2023

Your Name: Sachini Ranasinghe

Manuscript Title: Association of Abnormal Electrocardiography Response on Dobutamine Stress Echocardiogram with Longer-term Major Adverse Cardiovascular Events in Women with Symptoms of Ischemic Heart Disease

Manuscript number (if known) : _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 07/09/2023

Your Name: Benita Tjoe

Manuscript Title: Association of Abnormal Electrocardiography Response on Dobutamine Stress Echocardiogram with Longer-term Major Adverse Cardiovascular Events in Women with Symptoms of Ischemic Heart Disease

Manuscript number (if known) : _____

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ICMJE DISCLOSURE FORM

Date: 07/05/2023

Your Name: Chrisandra Shufelt

Manuscript Title: Association of Abnormal Electrocardiography Response on Dobutamine Stress Echocardiogram with Longer-term Major Adverse Cardiovascular Events in Women with Symptoms of Ischemic Heart Disease

Manuscript number (if known) : _____

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ICMJE DISCLOSURE FORM

Date: 7/5/2023
 Your Name: Janet Wei
 Manuscript Title: **Association of Abnormal Electrocardiography Response on Dobutamine Stress Echocardiogram with Longer-term Major Adverse Cardiovascular Events in Women with Symptoms of Ischemic Heart Disease**
 Manuscript number (if known): _____

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7	Support for attending meetings and/or travel	___ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None Abbott Vascular	Paid to institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

I received honoraria to participate in a Coronary Microvascular Dysfunction Advisory Board for Abbott Vascular, paid to institution.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 07/10/2023

Your Name: Marie Lauzon

Manuscript Title: Association of Abnormal Electrocardiography Response on Dobutamine Stress Echocardiogram with Longer-term Major Adverse Cardiovascular Events in Women with Symptoms of Ischemic Heart Disease

Manuscript number (if known) : _____

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ICMJE DISCLOSURE FORM

Date: July 5, 2023

Your Name: Judy Luu

Manuscript Title: Association of Abnormal Electrocardiography Response on Dobutamine Stress Echocardiogram with Longer-term Major Adverse Cardiovascular Events in Women with Symptoms of Ischemic Heart Disease

Manuscript number (if known): _____

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NA

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 07/07/2023

Your Name: Anum Asif

Manuscript Title: Association of Abnormal Electrocardiography Response on Dobutamine Stress Echocardiogram with Longer-term Major Adverse Cardiovascular Events in Women with Symptoms of Ischemic Heart Disease

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ICMJE DISCLOSURE FORM

Date: 07/06/2023
 Your Name: Jannet F. Lewis
 Manuscript Title: Association of Abnormal Electrocardiography Response on Dobutamine Stress Echocardiogram with Longer-term Major Adverse Cardiovascular Events in Women with Symptoms of Ischemic Heart Disease
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I have no conflicts of interest.

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ICMJE DISCLOSURE FORM

Date: 7/06/2023

Your Name: Carl J. Pepine

Manuscript Title: Association of Abnormal Electrocardiography Response on Dobutamine Stress Echocardiogram with Longer-term Major Adverse Cardiovascular Events in Women with Symptoms of Ischemic Heart Disease

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None declared

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ICMJE DISCLOSURE FORM

Date: 07/05/2023

Your Name: Leslee J. Shaw

Manuscript Title: **Association of Abnormal Electrocardiography Response on Dobutamine Stress Echocardiogram with Longer-term Major Adverse Cardiovascular Events in Women with Symptoms of Ischemic Heart Disease**

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<p>I have nothing to declare.</p>

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ICMJE DISCLOSURE FORM

Date: 7/06/2023

Your Name: Eileen M. Handberg

Manuscript Title: Association of Abnormal Electrocardiography Response on Dobutamine Stress Echocardiogram with Longer-term Major Adverse Cardiovascular Events in Women with Symptoms of Ischemic Heart Disease

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None declared

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 07/12/23
 Your Name: Dr. C. Noel Bairey Merz
 Manuscript Title: Association of Abnormal Electrocardiography Response on Dobutamine Stress Echocardiogram with Longer-term Major Adverse Cardiovascular Events in Women with Symptoms of Ischemic Heart Disease
 Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the **current manuscript only**.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X__	serves as Board of Director for iRhythm, fees paid through CSMC from Abbott Diagnostics and Sanofi
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	__X__ None	
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__ None	
11	Stock or stock options	_X__ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__ None	
13	Other financial or non-financial interests	_X__ None	

Please summarize the above conflict of interest in the following box:

Please place an "X" next to the following statement to indicate your agreement:

 X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.